49431 2:30

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 17020 DATE 9-15-93 TAX MAP NO. 3Q-6-A-1

OWNER OR CONTRACTOR Sun-wood Bldrs. PHONE: Business _____ Home 872-0921

ADDRESS P.O. Box 5877 Statesville, NC. 28677

LOCATION I40 W TL Old Mtn. Rd. TR Buffalo Shoals Rd. TR Enfola Rd, TR Big Tree Rd., 4th lot on R.

SUBDIVISION Woodland Acres BLOCK / SECTION _____ LOT 4 LOT AREA 125'X200 SITE CLASS. P.S. L.T.A.R. .35 gpd/ft2

Water Supply: ☑ Individual ☐ Community ☐ Public Well To Be Located

Septic Tank: 1000 Gallons; STB 1012 Date 9-22-93

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'

No Lines 4 Trench Width 36" Trench Depth 18"-30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Conventional, gravity

Repair System Description: Part conv. part pump

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees —

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

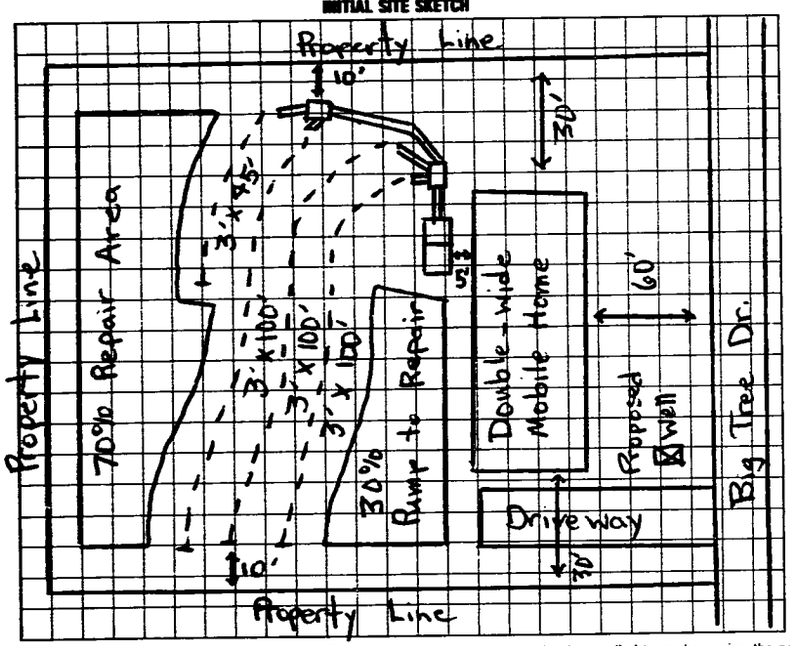
Auto. Washing Machine: ☑ Yes ☐ No

Other _____

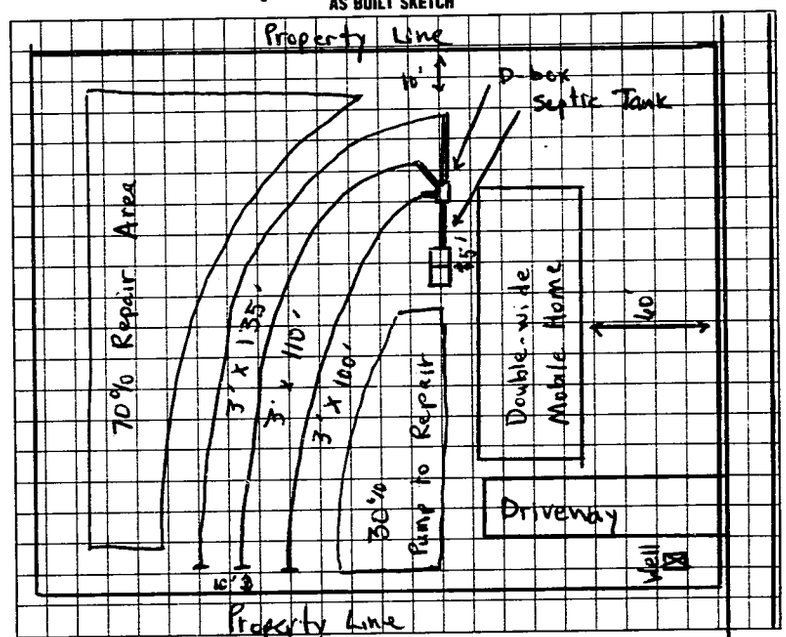
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments INSTALL SYSTEM SHALLOW (no deeper than 30" to trench bottom) Keep Nitrification lines on contour. Keep system 5' from foundation of home, 10' from all property lines, and min. 50' from any well. 70% repair area below system, conventional, gravity, 30% pump to conventional.

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: Michael J. Dennis date 9-15-93

Existing System Inspection by: _____ date _____

Installed by: Tommy Catheren's Backhoe

Certificate of Completion by: Michael J. Dennis date 11-21-93

Operation Permit by: _____ date _____

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD