49175

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. 17021 DATE 9-15-93 TAX MAP NO. 3Q-6-A-5

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

ADDRESS P.O. Box 5877 Statesville, N.C. 28677

LOCATION I-40W Tl Old Mtn. Rd. TR Buffalo Shoals Rd TR Eufola Rd. TR Big Tree Dr. 5th Lot on R

SUBDIVISION Woodland Acres BLOCK / SECTION _____ LOT 5 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 8-28-93

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"-36" Gravel Depth 12"

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

System Description: Conventional, gravity

Repair System Description: Part. convent, part pump.

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

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

Garbage Disposal: ☐ Yes ☑ No

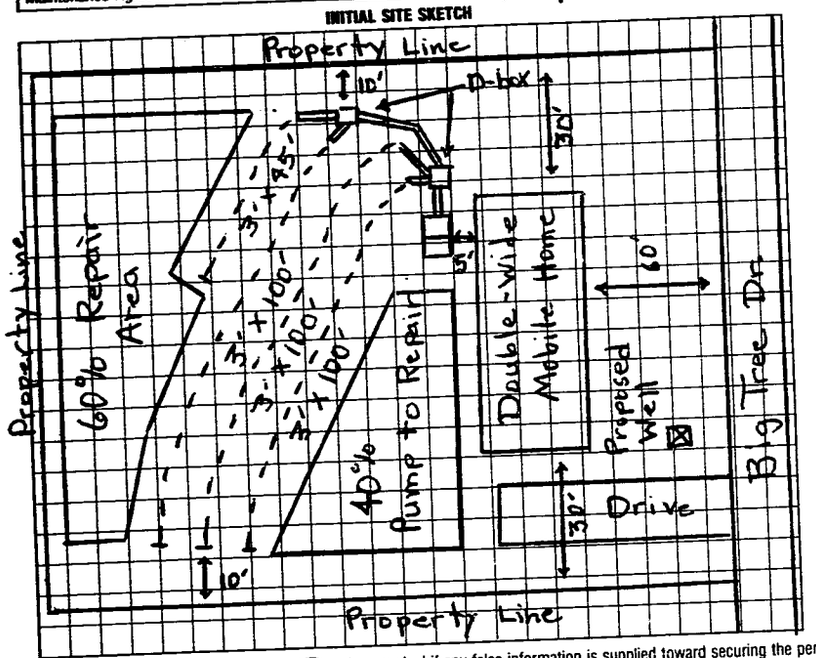
Auto. Dishwasher: ☐ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

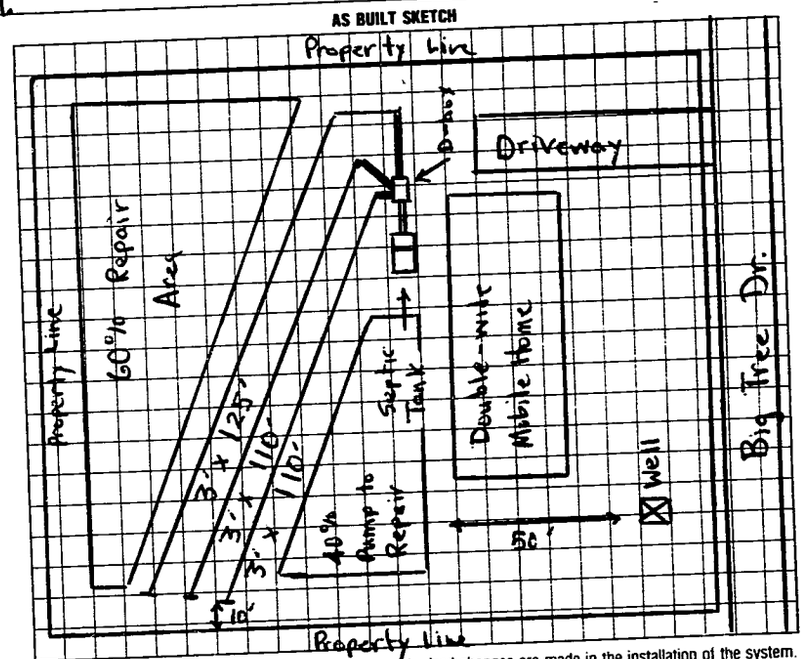
Other _____

Comments Keep Nitrification Lines on contour, keep system 5' from foundation of home, 10' from all property lines, and 50' min from any well. 60% Repair Area below system, conventional, gravity, 40% 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 Cothren

Certificate of Completion by: Michael J. Dennis date 10-28-93

Operation Permit by: _____ date _____

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