IREDELL COUNTY HEALTH DEPARTMENT

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

48109

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

PROPERTY DESCRIPTION NO. 16450 DATE 6-7-93

OWNER OR CONTRACTOR Sun-wood Bldg. PHONE: Business 872-0921 TAX MAP NO. Pt. of 3Q - B - 13

ADDRESS _____ Home _____

LOCATION I40W Tl Old Mtn. Rd. TR Buffalo Shoals Rd. TR Eufola Rd. TR Tall Oak Dr. (Woodland Acres)

SUBDIVISION Woodland Acres BLOCK / SECTION _____ LOT 7 LOT AREA .66 acres SITE CLASS. P.S L.T.A.R. .35gpd/ft² 7th lot on R.

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

Septic Tank: 1000 Gallons; STB 1012 Date 4/24/93

Pump Tank: _____ Gallons; PT _____ Date _____

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

No Lines 4 Trench Width 36" Trench Depth 24"-36" Gravel Depth 12"

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

System Description: Conventional, gravity fed

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees -

☐ Other _____

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

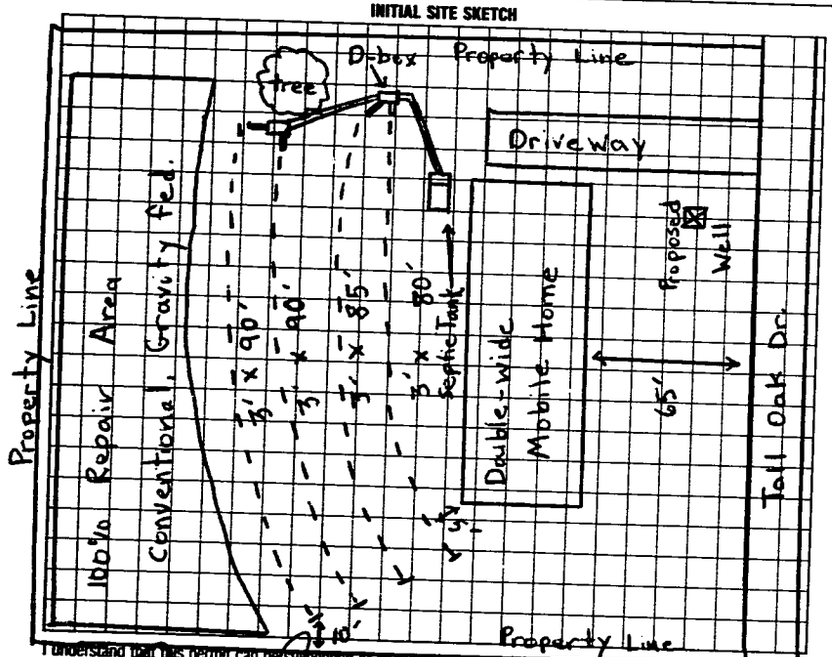
Auto. Washing Machine: ☑ Yes ☐ No

Other _____

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

Comments Keep Nitrification Lines on contour. Keep system 5' from foundation of home, 10' from all property lines, and min. 50' from any well. 100% Repair Area below system, conventional, gravity fed

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE 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 L. Dennis date 6-7-93

Existing System Inspection by: _____ date _____

Installed by: TOMMY CONREN

Certificate of Completion by: STEVE HENRICK date 8/3/93

Operation Permit by: _____ date _____

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