IREDELL COUNTY HEALTH DEPARTMENT

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

50653

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

PROPERTY DESCRIPTION NO. 17875 DATE 3-3-94 TAX MAP NO. 3Q-6-A-22 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Sunwood Bldrs PHONE: Business _____ Home 872-0921

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

LOCATION I40W TL OH Mtn. Rd. TR Buffalo Shoals Rd TR Eufola Rd TR Woodland Acres. Lot on L in new Section.

SUBDIVISION Woodland Acres BLOCK / SECTION — LOT 22 LOT AREA ≥1.0 acre SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 10-22-93

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: Conventional, gravity fed

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ___

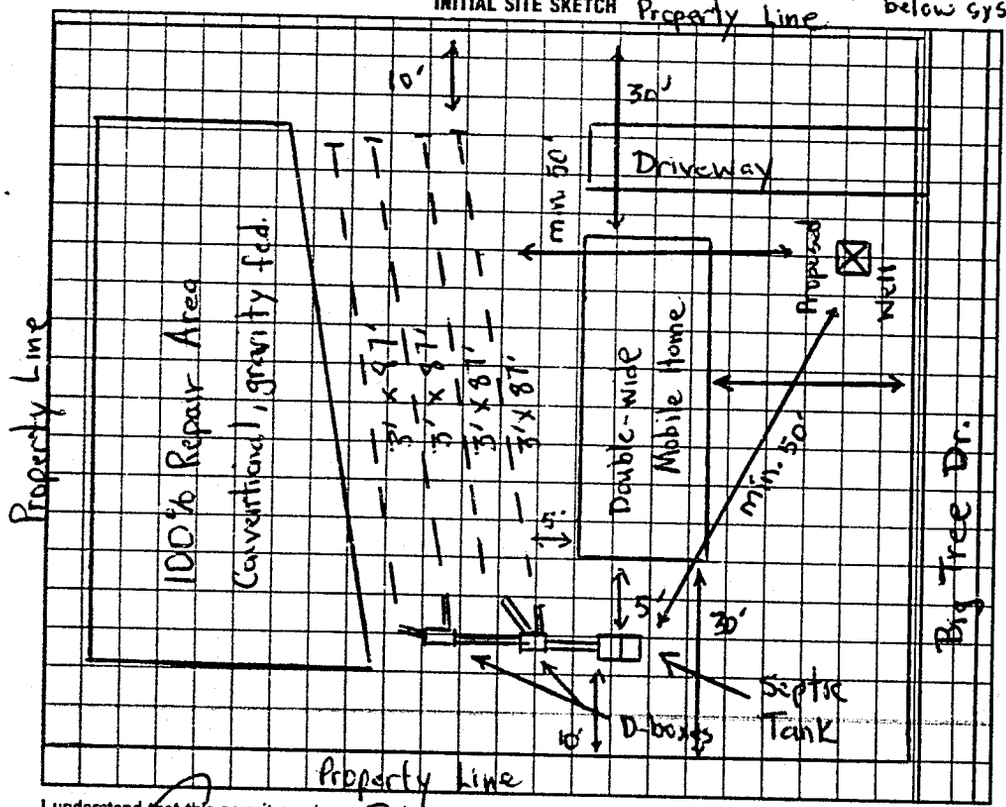
Water Supply: ☑ Individual ☐ Community ☐ Public

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

Comments: INSTALL SYSTEM SHALLOW (no deeper than 30" to trench bottom) Keep Nitrification Lines and trenches on contour. Keep System 5' from foundation of home, 10' from all property lines, and 50' min from any well. 100% Repair Area below system, conventional, gravity fed.

Comments: Home and well located at time of final inspection. Both have over the min. set backs required. Pipe off gutter drains around septic system. 100% Repair below System, conventional, gravity fed.

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS INITIAL 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 3-3-94

Existing System Inspection by: _____ date _____

Installed by: Tommy Catheron

Certificate of Completion by: Michael J. Dennis date 3-23-94

Operation Permit by: _____ date _____

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