# 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. 17874 DATE 3-3-94 TAX MAP NO. 3Q-6-A-23 Watershed: ☐ Yes ☑ No

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

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

LOCATION I-40W TL Old Mtn. Rd. TR Buffalo Shoals Rd TR Eufola Rd. TR Woodland Acres Lot on L in new section

SUBDIVISION Woodland Acres BLOCK / SECTION — LOT 33 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 12-6-93

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: 11 11

Maintenance Agreement Required: ☐ Yes ☑ No

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

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

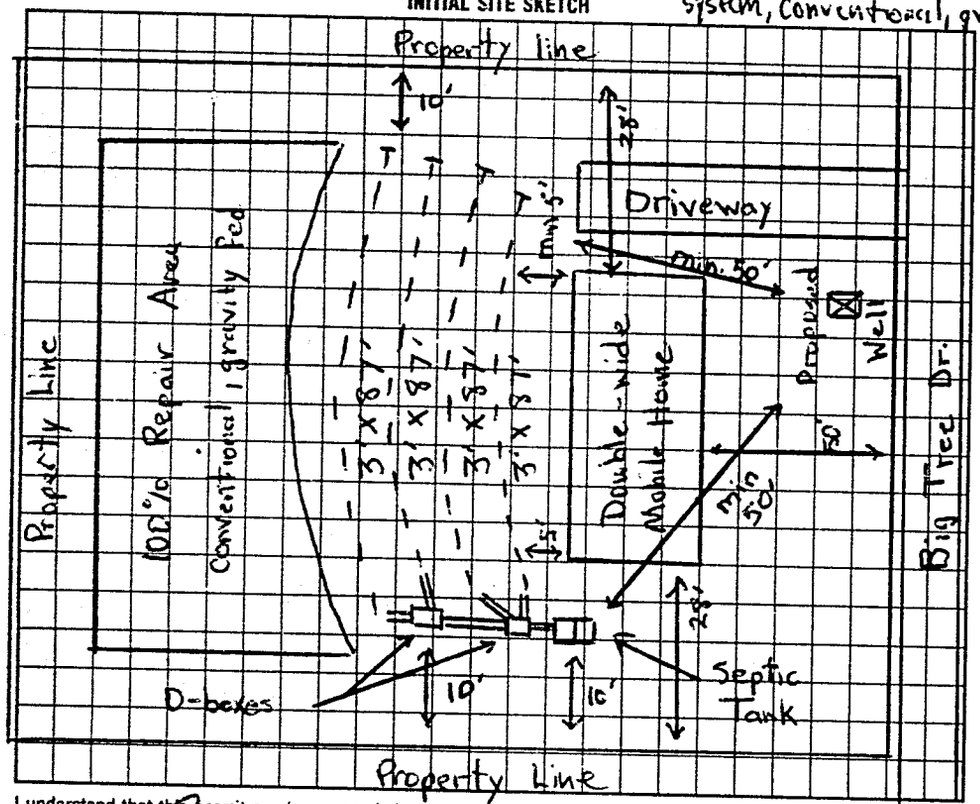
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Install system shallow (no deeper than 36" 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 well. 100% Repair below system, conventional, gravity fed.

Comments: Both Home and well located at time of final inspection. Both over min. of set back requirements. Pipe off gutter drains ground 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: Henry W Jenkins

Improvement Permit by: Michael J. Dennis date 3-3-94

Existing System Inspection by: — date —

Installed by: Tommy Colleran

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