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. 19981 DATE 1-10-95 TAX MAP NO. 30 -6- A-20 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Sunwood Builders PHONE: Business 872-0927 Home WS IV PA

ADDRESS P.O. Box 6284 Statesville

LOCATION Buffalo Shoals Rd TR Eufola Rd TR Big Tree Dr. 1/4 mi left

SUBDIVISION Woodlands BLOCK / SECTION ____ LOT 70 LOT AREA .8 acres SITE CLASS. OPS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 1012 Date 8-21-94

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 36" Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

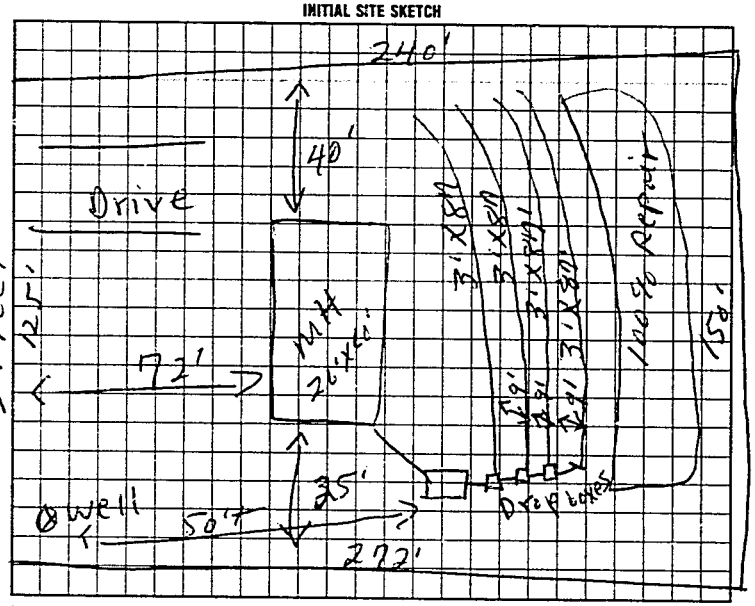
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

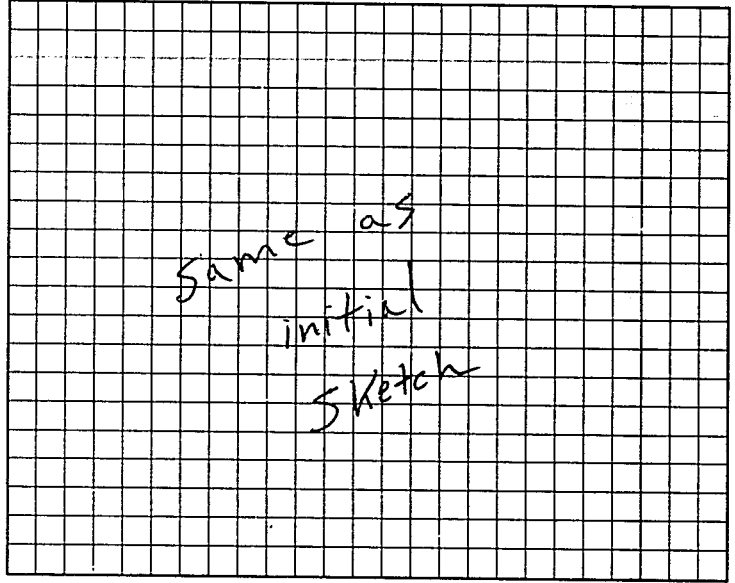
Comments:

Comments:

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: X G. Michael Hager

Improvement Permit by: F. C. Moore date 1-10-95

Existing System Inspection by: ____ date ____

Installed by: Tommy Cothren

Certificate of Completion by: F. C. Moore date 1-17-95

Operation Permit by: ____ date ____

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

LL6100