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. 19858 DATE 12-7-94 TAX MAP NO. 32-6- A-31

OWNER OR CONTRACTOR Sunwood Builders Watershed: ☐ Yes ☒ No

ADDRESS 2112 Newton Dr. Statesville, N.C. PHONE: Business ____ Home 872-0921

LOCATION Buffalo Shoals Rd TR Eufola Rd TR Big Tree Dr. at end of Rt.

SUBDIVISION Woodland Acres BLOCK / SECTION ____ LOT 31 LOT AREA .8 acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 1012 Date 9-30-94

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, (II), III, IV, V, VI

System Description: Conv. Gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☒ No

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

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other ____

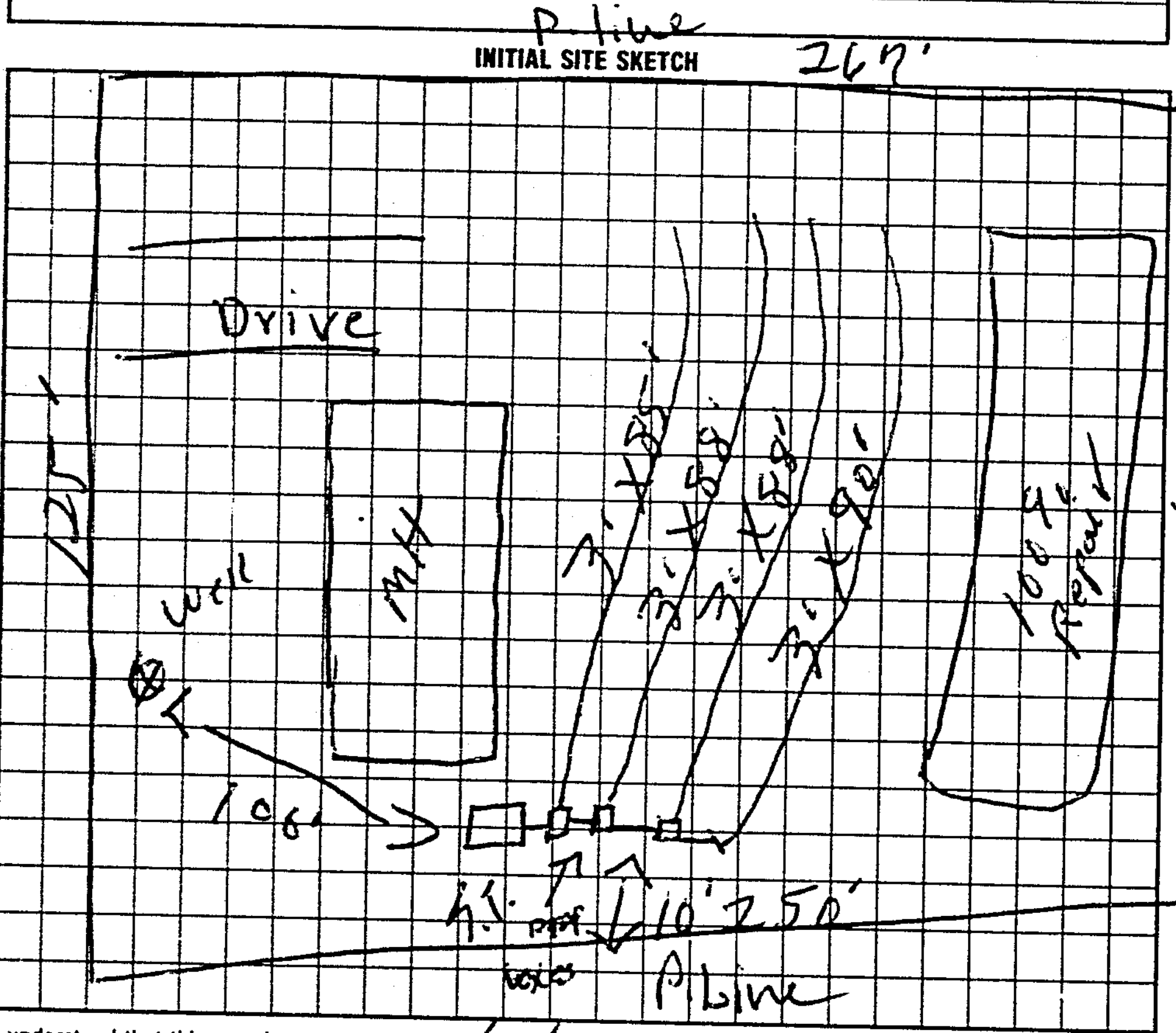
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments:

Comments:

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: David Strickland

Improvement Permit by: J. C. Moore date 12-7-94

Existing System Inspection by: ____ date ____

Installed by: Tommy Cothren

Certificate of Completion by: J. C. Moore date 12-20-94

Operation Permit by: ____ date ____

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

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