IREDELL COUNTY HEALTH DEPARTMENT

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

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

39-62-A-30

PROPERTY DESCRIPTION NO. 19811 DATE 12-1-94 TAX MAP NO. 39-6-A-30 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Sinwood Builders PHONE: Business _____ Home 872-0921

ADDRESS 2112 Newton Dr.

LOCATION Buffalo Shoals Rd TR Buffalo Rd TR woodland acres at end RD

SUBDIVISION Woodland Acres BLOCK / SECTION _____ LOT 30 LOT AREA 1 acre + SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 1012 Date 9-18-94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1050 Linear Feet 350

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

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

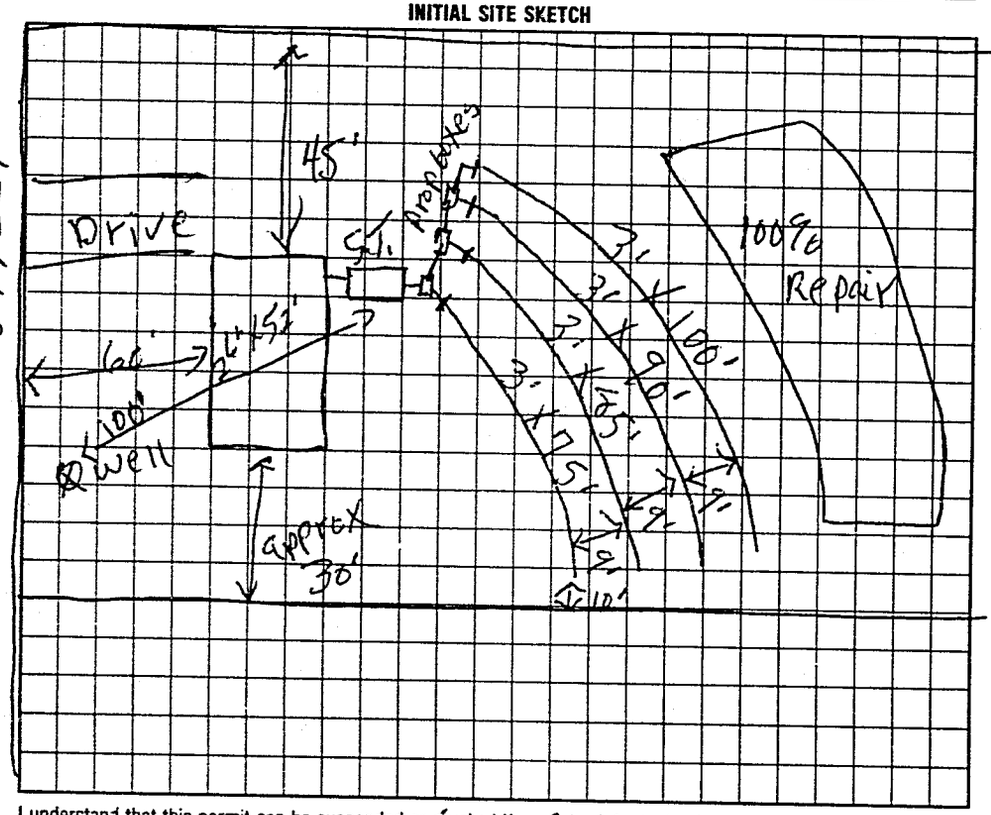
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

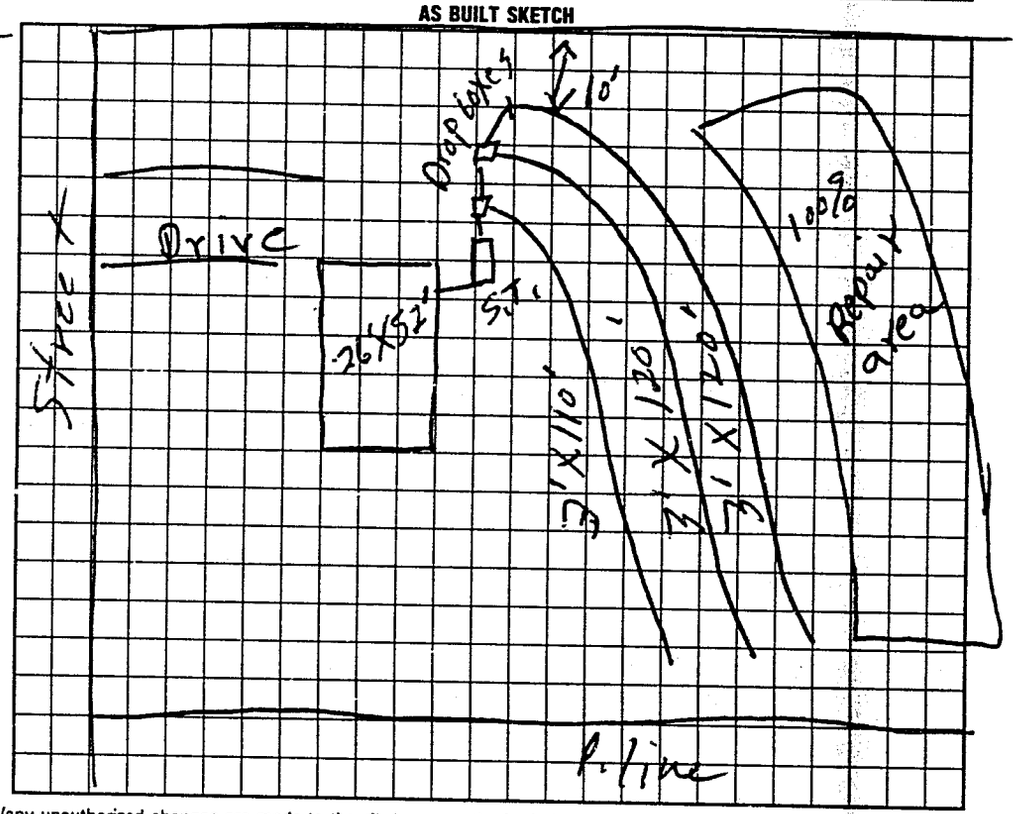
Comments:

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 David Shirkalter

Improvement Permit by: F.C. Moore date 12-1-94

Existing System Inspection by: _____ date _____

Installed by: Tommy Cothren

Certificate of Completion by: F.C. Moore date 12-7-94

Operation Permit by: _____ date _____

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