3Q-6-A-37

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. 20652 DATE 4-6-95 TAX MAP NO. 3Q-6-A-37 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Sunwood Bldrs PHONE: Business _____ Home 872-0922

ADDRESS 2112 Newton Dr. Statesville N.C. 28677

LOCATION I40W TL OLd Mtn. Rd. TR Buffalo Shoals Rd TR Eufola Rd TR Big Tree Dr. lot Lot on R in new section

SUBDIVISION Woodland Acres BLOCK / SECTION 2 LOT 37 LOT AREA 125' X 250' SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 3 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 1-21-95
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 3 Trench Width 36" Max Trench Bottom Depth 30"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: conventional, gravity fed
Repair System Description: 70% pump to infiltrator, 30% gravity infiltrator
Maintenance Agreement Required: ☐ Yes ☐ No
Gravel Depth 12"

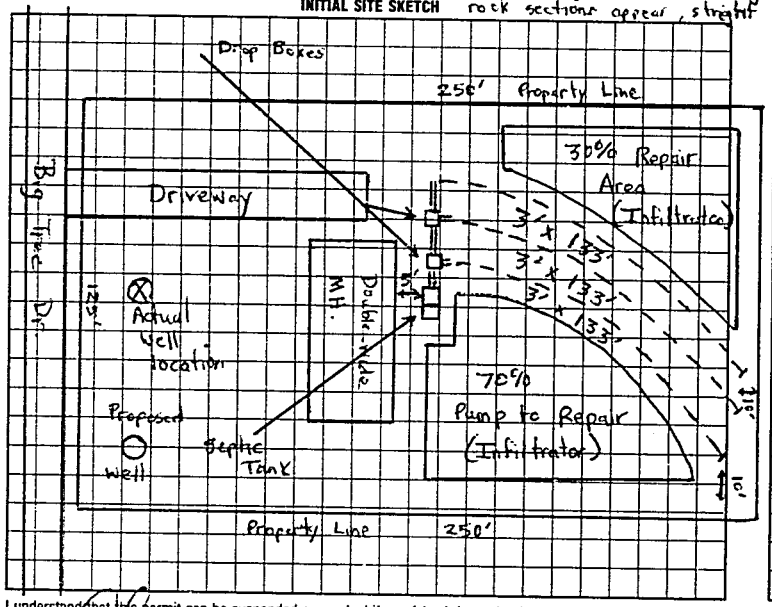
☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees —
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

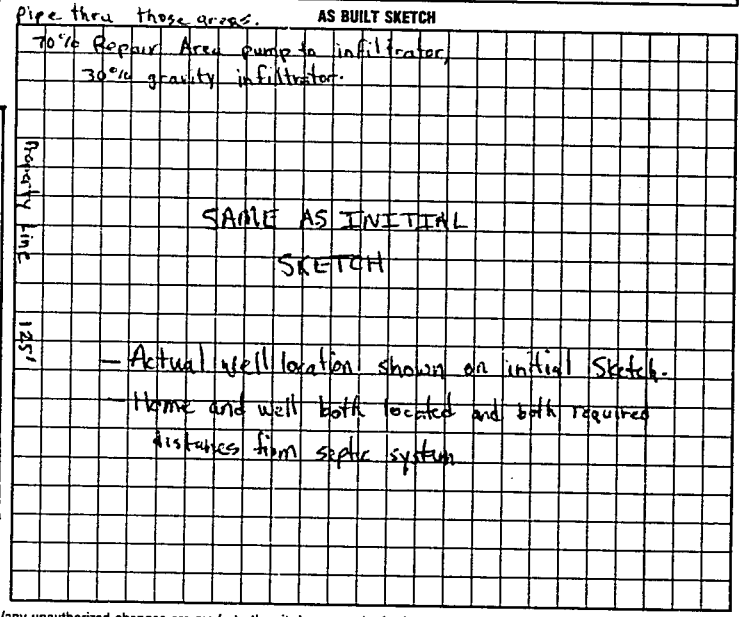
Comments: INSTALL SYSTEM SHALLOW (no deeper than 30" to trench bottom) Keep lines and trenches on contour Keep system 5' from foundation of home, 10' from all property lines, and max. feasible distance from any well and no closer than 50'. If when installing lines, rock sections appear, straight pipe thru those areas.

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: _____

Improvement Permit by: Michael J. Dennis date 4-6-95

Existing System Inspection by: _____ date _____

Installed by: Tommy Cothren

Certificate of Completion by: Michael J. Dennis date 4-11-95

Operation Permit by: _____ date _____

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

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