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. 20720 DATE 4-17-95 TAX MAP NO. 3Q-6-A-28 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Sun-wood Bldrs PHONE: Business 872-0922 Home

ADDRESS 212 Newton Dr. Statesville N.C. 28677

LOCATION I-40W Tl Old Mtn. Rd. TR Buffalo Shoals Rd TR Eufola Rd TR Big Tree Dr Lot at end.

SUBDIVISION Woodland Acres BLOCK / SECTION 2 LOT 28 LOT AREA 1.39 acres SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 1-1-95

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'

No Lines 3 Trench Width 36" Max Trench Bottom Depth 24"-30" Gravel Depth 12"

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

System Description: conventional, gravity fed

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

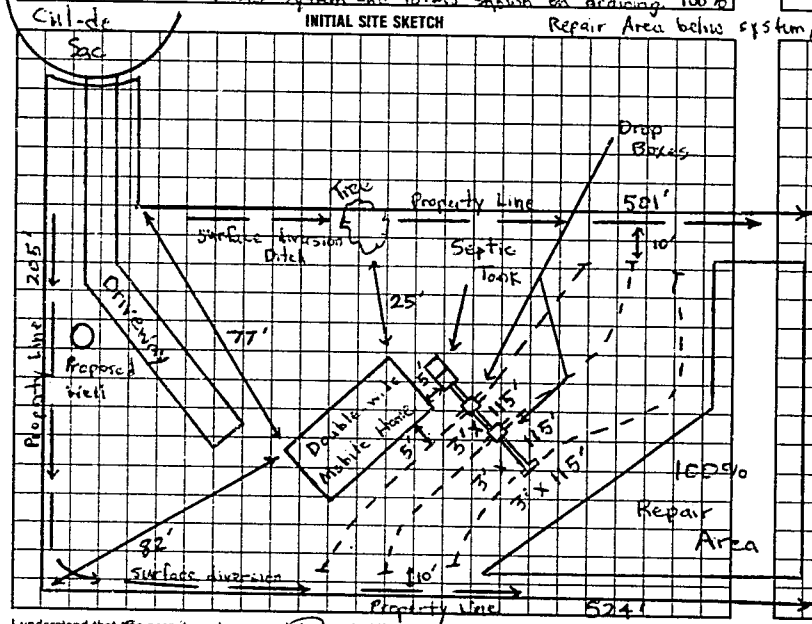
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

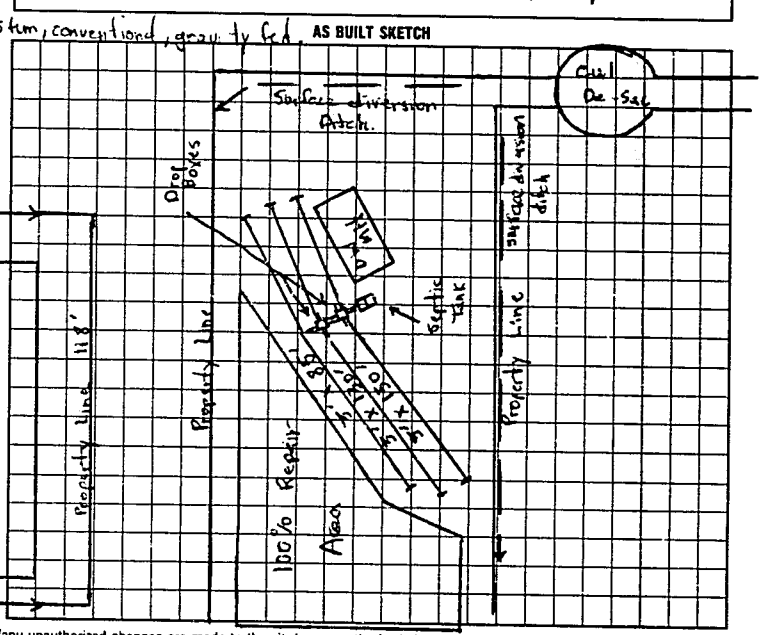
Comments: Install system on contour. Keep system 5' from foundation of home, 5' from all property lines, and max. feasable distance from any well and no closer than 50'. Create surface diversion ditches around system and lotas shown on drawing. 100% Repair Area below system, conventional, gravity fed.

Comments: System inspected on 4-19-95. Surface diversion ditches inspected on 4-20-95. Home and well not located at time of inspection. Keep both required distances from septic system

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: Terry W Bolen

Improvement Permit by: Michael J. Cowan date 4-17-95

Existing System Inspection by: _____ date _____

Installed by: Tommy Cothren

Certificate of Completion by: Michael J. Cowan date 4-20-95

Operation Permit by: _____ date _____

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

67600