48248

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. 16711 DATE 7-28-93 TAX MAP NO. 8K - 11 - A-3

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

ADDRESS P.O. Box 5877 Statesville, N.C. 28677

LOCATION I40W TL Stamey Farm Rd. TL Ashbrook Rd. TL Carmen Lane 2nd Lot on L

SUBDIVISION Piney Brook BLOCK / SECTION _____ LOT 3 LOT AREA 2.9 acre SITE CLASS. P.S. L.T.A.R. .4gpd / ft²

Water Supply: ☐ Individual ☐ Community ☑ Public County water

Septic Tank: 1000 Gallons; STB 1012 Date 8-16-93

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300'

☑ No Lines 4 Trench Width 36" Trench Depth 18"-24" Gravel Depth 12"

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

System Description: conventional gravity

Repair System Description: Pump to Conventional

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

Garbage Disposal: ☐ Yes ☑ No

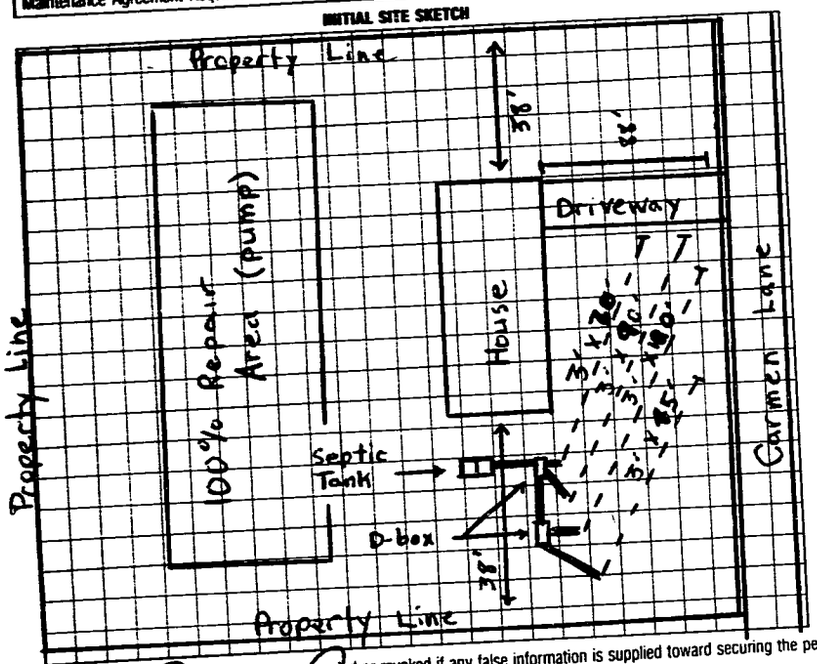
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

Other _____

Comments INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom). Keep Nitrification lines on contour. Keep system 5' from foundation of home, 10' from all property lines, and 10' from water line. 100% Repair Area behind home, pump to conventional.

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: [signature] date 7-29-93

Improvement Permit by: Michael L. Dennis

Existing System Inspection by: _____ date _____

Installed by: Tommy Frye date 10-6-93

Certificate of Completion by: Michael L. Dennis date _____

Operation Permit by: _____

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