48828

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. 17074 DATE 9-22-93 TAX MAP NO. 8K-11-A-6

OWNER OR CONTRACTOR Sun-wood Bldrs. PHONE: Business _____ Home 872-0921

ADDRESS P.O. Box 5877 Statesville, N.C. 28687

LOCATION Hwy 70W TR Ashbrook Rd TR Karmen Lane Lot at end of cul-de-sac.

SUBDIVISION Piney Brook S/D BLOCK / SECTION _____ LOT 6 LOT AREA 1.8 acre SITE CLASS. P.S. L.T.A.R. .35 gpd/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 1035 Linear Feet 345'

No Lines 3 Trench Width 36" Trench Depth 18"-24" Gravel Depth 12"

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

System Description: Conventional, gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2.5 No. Employees —

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

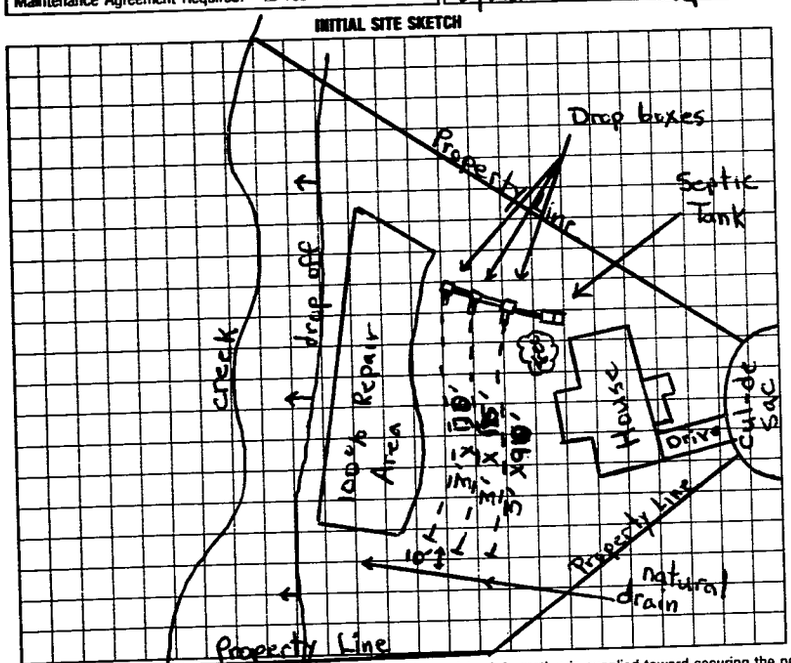
Auto. Washing Machine: ☑ Yes ☐ No

Other _____

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

Comments INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom) Keep Nitrification Lines on contour. Keep system 10' from foundation of home, 10' from all property lines, and 10' from water line. Use drop boxes to distribute system. 100% Repair Area below system, conventional, gravity fed.

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS INITIAL SKETCH

* Stump holes in area where drain lines are located may cause bleeding from line to line

* Recommend to cut down beech trees to keep fibrous roots from clogging system.

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 9-22-93

Existing System Inspection by: _____ date _____

Installed by: Tommy Fry

Certificate of Completion by: Michael J. Dennis date 10-5-93

Operation Permit by: _____ date _____

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