IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 18302 DATE 4-28-94 TAX MAP NO. 8T-3-A-37

OWNER OR CONTRACTOR Gregory Leviner Watershed: ☐ Yes ☑ No

ADDRESS 705 Winterfield Rd. Statesville, N.C. 28677 PHONE: Business ______ Home 871-2618

LOCATION I40W TR Stamey Farm Rd TL Island Ford Rd TR Woodbridge Rd TL Delaware Rd TR Westridge Dr. 2nd Lot on R

SUBDIVISION West Ridge S/D BLOCK / SECTION ______ LOT 37 LOT AREA .45 acre SITE CLASS. P.S. DESIGN FLOW 240 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 3-17-94

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No. 1 Square Feet 690 Linear Feet 230'

No Lines 3 Trench Width 36" Max Trench Bottom Depth 28" 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 ☑ Mobile Home ☐ Business ☐ Other ______

No. Bedrooms 2 No. Bathrooms 2 No. Employees ______

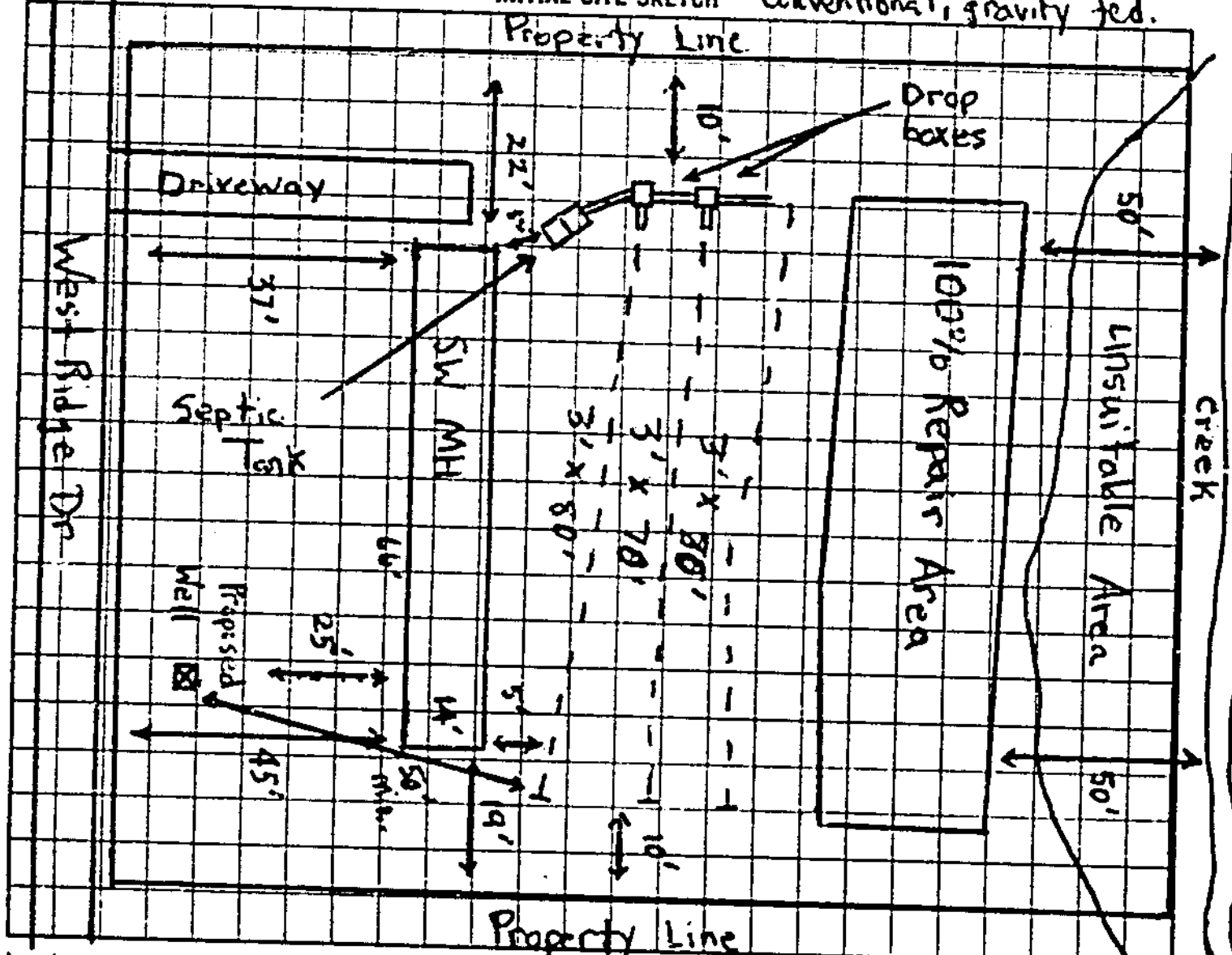
Water Supply: ☑ Individual ☐ Community ☐ Public

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

Comments: INSTALL SYSTEM SHALLOW (no deeper than 28" to trench bottom. Keep Nitrification Lines and Trenches on contour. Keep system 5' from foundation of home, 10' from all property lines, and 50' from any well. 100% Repair Area below system conventional, gravity fed.

Comments: ______

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: X Gregory D. Leviner

Improvement Permit by: Michael J. Dennis date 4-28-94

Existing System Inspection by ______ date ______

Installed by: A-1 Backhoe

Certificate of Completion by: Michael J. Dennis date 5-11-94

Operation Permit by ______ date ______

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