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. 16480 DATE 6-10-93 TAX MAP NO. 8T-3-A-8

OWNER OR CONTRACTOR Lynne Souther PHONE: Business _____ Home 872-2726

ADDRESS _____

LOCATION I40W TR Stamey Farm Rd TL Island Ford Rd. TR. Woodbridge Rd TL Delaware Rd. 3rd lot on L past Westridge Dr.

SUBDIVISION Westridge S/D BLOCK / SECTION _____ LOT 8 LOT AREA 100' x 210' SITE CLASS. PS. L.T.A.R. .35gpd/ft² Westridge Dr.

Water Supply: ☑ Individual ☐ Community ☐ Public Well To Be Located.

Septic Tank: 1000 Gallons; STB 1012 Date 4-12-93

Pump Tank: — Gallons; PT — Date —

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

No Lines 3 Trench Width 36" Trench Depth 36" 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 —

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

Garbage Disposal: ☐ Yes ☑ No

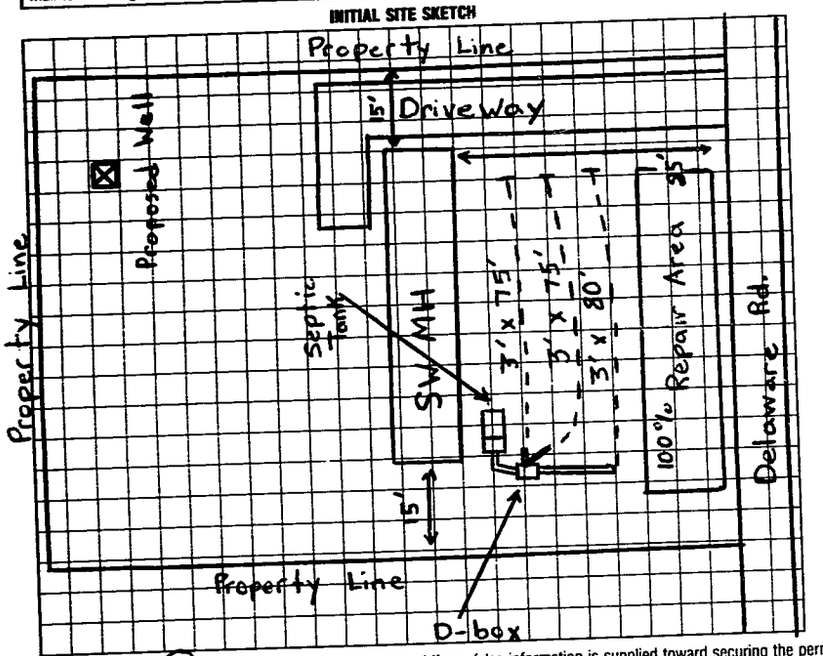
Auto. Dishwasher: ☐ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

Other _____

Comments Install Nitrification Lines on contour, Keep system min. 5' from foundation of home, 10' from all property lines, and 50' min. from any well. 100% Repair Area below system; conventional, gravity fed.

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS Initial Siketch

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: Lynne Souther

Improvement Permit by: Michael J. Dennis date 6-10-93

Existing System Inspection by: _____ date _____

Installed by: James Hudler

Certificate of Completion by: Michael J. Dennis date 6-30-93

Operation Permit by: _____ date _____

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