# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 52482

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

PROPERTY DESCRIPTION NO. 18741 DATE 8-12-94 TAX MAP NO. 8K-9-A-22 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Heritage Home Bldrs PHONE: Business 466-2108 Home

ADDRESS 2192 Rowe-Schrum Lane Newton NC. 28658

LOCATION I40W TL Old Mtn. Rd TL Ridge Drive 2nd lot on R Past Garrison Dr.

SUBDIVISION Spring Meadows BLOCK / SECTION NA LOT 22 LOT AREA .83 acre SITE CLASS P.S. DESIGN FLOW 360 L.T.A.R. .3 gpd / ft2

Septic Tank: 1000 Gallons; STB 55 Date 6-27-95

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'

No Lines 4 Trench Width 36" Max Trench Bottom Depth 24"-30" Gravel Depth

☑ 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 3 No. Bathrooms 2.5 No. Employees

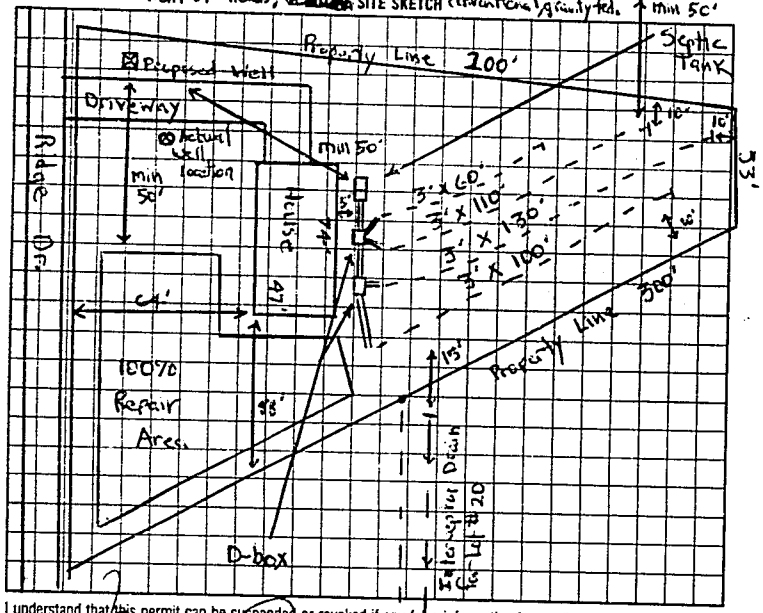
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: INSTALL SYSTEM SHALLOW (no deeper than 30" to trench bottom). Keep Lines and trenches on contour. Keep system 5' from foundation of house, 10' from all property lines, 50' from any well (mine 50'), and 15' from interceptor drain on Lot #20. 100% Repair Area. ☒ Well beside and in front of house, ~~existing~~

Comments: Well located on diff. side of driveway than on application. 100% Repair - Chambered Gravelless system due to reduction of repair space. Actual well location shown on initial sketch.

SITE SKETCH conventional / gravity fed.




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: _____

Improvement Permit by: Michael J. Dennis / Steve Hedrick date 8-12-94

Existing System Inspection by: _____ date _____

Installed by: Kennedy Grading

Certificate of Completion by: Michael J. Dennis date 8-29-95

Operation Permit by: _____ date _____

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

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