4:00 56259

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. 20981 DATE 5-11-95 TAX MAP NO. 6C-7-A-62 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Robert E Parsons Jr. PHONE: Business _____ Home 873-2886

ADDRESS 120 Signal Hill Apt 204

LOCATION Buffalo Shoals TR Grantview Sta

SUBDIVISION Glenmaire BLOCK / SECTION 6 LOT 62 LOT AREA .922acres SITE CLASS. 23 DESIGN FLOW 480 L.T.A.R. .35

Brandywine Loop 4th lot on left

Septic Tank: 2000 Gallons; STB 1CT Date 5-19-95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. 350

Nitrification Field: No Fields 1 Square Feet 1050 Linear Feet ~~350~~

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity Infiltrator

Repair System Description: Pump to Infiltrator

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

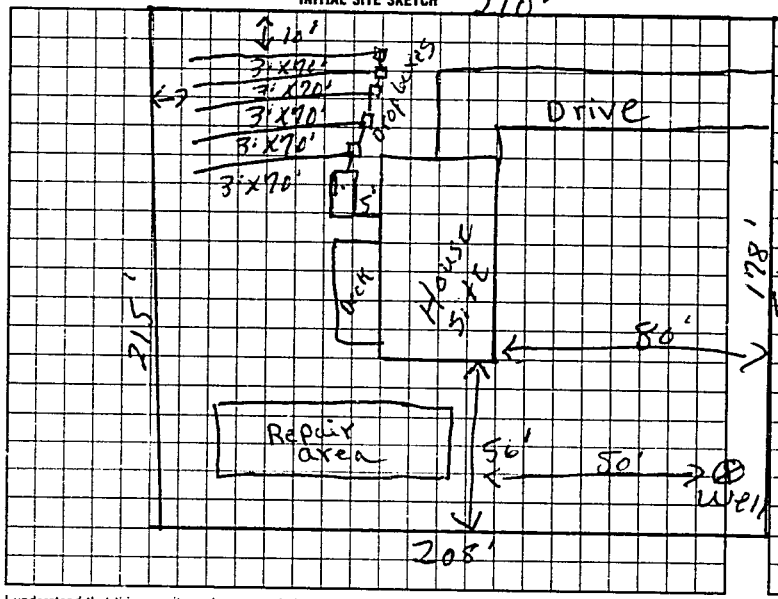
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Use Gravity Feed Infiltrator in order To have Room for 4 bedroom House System

Comments: 5 Lines Installed 75' Each Total 375' Equal To ~~Equivalent~~

INITIAL SITE SKETCH



AS BUILT SKETCH 500' conv. line

Well Not Installed at Time of This Inspection,

Landscape + Divert Surface water around Septic Tank System

System was Installed Same as Initial Sketch Except Lines were 75' Long Instead of 70'

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 Donna B. Parsons

Improvement Permit by: L. C. Moore date 5-11-95

Existing System Inspection by: _____ date _____

Installed by: Forest Shuford

Certificate of Completion by: L. C. Moore date 10-19-95

Operation Permit by _____ date _____

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