48200

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. 16911 DATE 9/13/93 TAX MAP NO. 9A-9-A-62

OWNER OR CONTRACTOR W & W SALES INC. PHONE: Business 873-3388 Home

ADDRESS 310 CHESTNUT LN. P.O. BOX 5792 STATESVILLE NC 28677

LOCATION NC 115N, TL SCOTTS CREEK, TL MILLER FARM, TR ANTLER DR, LOT ON (L) 1ST PAST ELK DRIVE

SUBDIVISION DEERCROFT BLOCK / SECTION II LOT 62 LOT AREA 110'x280' SITE CLASS. RS L.T.A.R. 0.35 GPD/FT²

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: 1000 Gallons: STB 10/2 Date 9/10/93

Pump Tank: _____ Gallons: PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

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

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

System Description: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☑ No

☐ Mobile Home No. Bathrooms 2 Auto. Dishwasher: ☑ Yes ☐ No

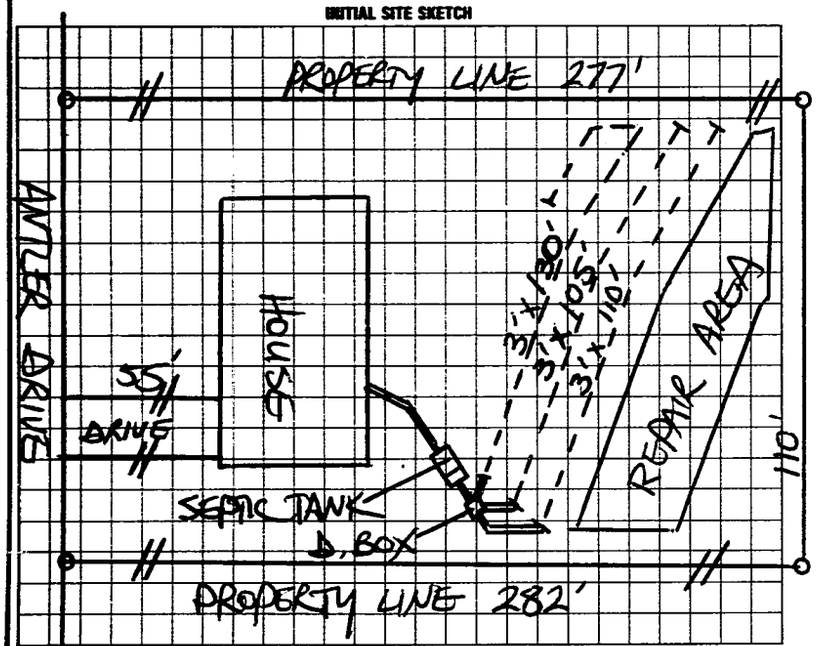
☐ Business No. Employees _____ Auto. Washing Machine: ☑ Yes ☐ No

☐ Other _____ Other _____

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

Comments ① KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE
② INSTALL LINES ON CONTOUR; NO DEEPER THAN 36", 9' APART O.C.

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: Bonnie Colson

Improvement Permit by: STEVE HEDRICK date 9/13/93

Existing System Inspection by: _____ date _____

Installed by: TOMMY FRYE

Certificate of Completion by: STEVE HEDRICK date 11/4/93

Operation Permit by: _____ date _____

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