Debbie Waugh - owner 48629

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. 16864 DATE 8/25/93 TAX MAP NO. 9A-9-A-50

OWNER OR CONTRACTOR BRADY BUILDERS PHONE: Business 873-4142 Home

ADDRESS Rt. 6, Box 112, SVL, NC 28677

LOCATION NC 115N, TL SCOTTS CREEK RD, TL MILLER FARM RD, TR ANTLER DR, LOT #50 ON (L)

SUBDIVISION DEERCROFT BLOCK / SECTION I LOT 50 LOT AREA 220'X 320' SITE CLASS. PS L.T.A.R. 0.30 GPD/FT²

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: 1000 Gallons: STB 1012 Date 8/21/93

Pump Tank: ____ Gallons: PT ____ Date ____

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

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

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

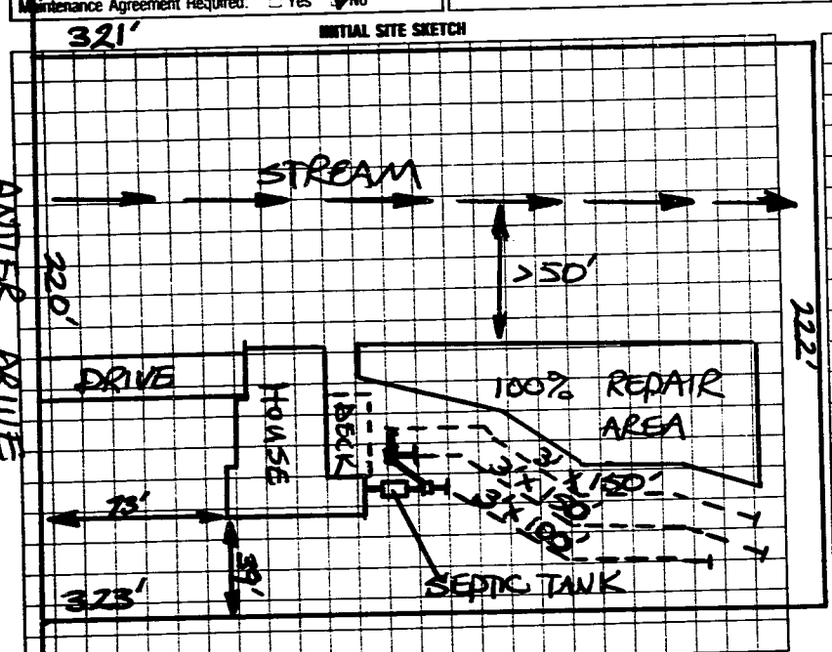
Auto. Washing Machine: ☑ Yes ☐ No

Other ____

☐ Basement wo/plumbing

Comments (1) KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE, 50' FROM STREAM (2) INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' APART ON CENTER.

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: X Kent Brady

Improvement Permit by: STEVE HEARICK date 8/25/93

Existing System Inspection by: ____ date ____

Installed by: FORREST STAFFORD STEVE HEARICK date 11/29/93

Certificate of Completion by: ____ date ____

Operation Permit by: ____ date ____

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

J