50184

# 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. 17751 DATE 2/1/94 TAX MAP NO. 10D-A-20 (37) Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR J. TODD ELLIS PHONE: Business _____ Home 878-6633

ADDRESS RT-15 BOX 19 STVL, NC 28677

LOCATION NC15N TR SULLIVAN FARM TR MEADOW OAKS, 8TH LOT ON (L)

SUBDIVISION MEADOW OAKS BLOCK / SECTION _____ LOT 37 LOT AREA 130 x 230' SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35 GPA/PTS

Septic Tank: 1000 Gallons; STB 358 Date 1/10/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth 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 _____

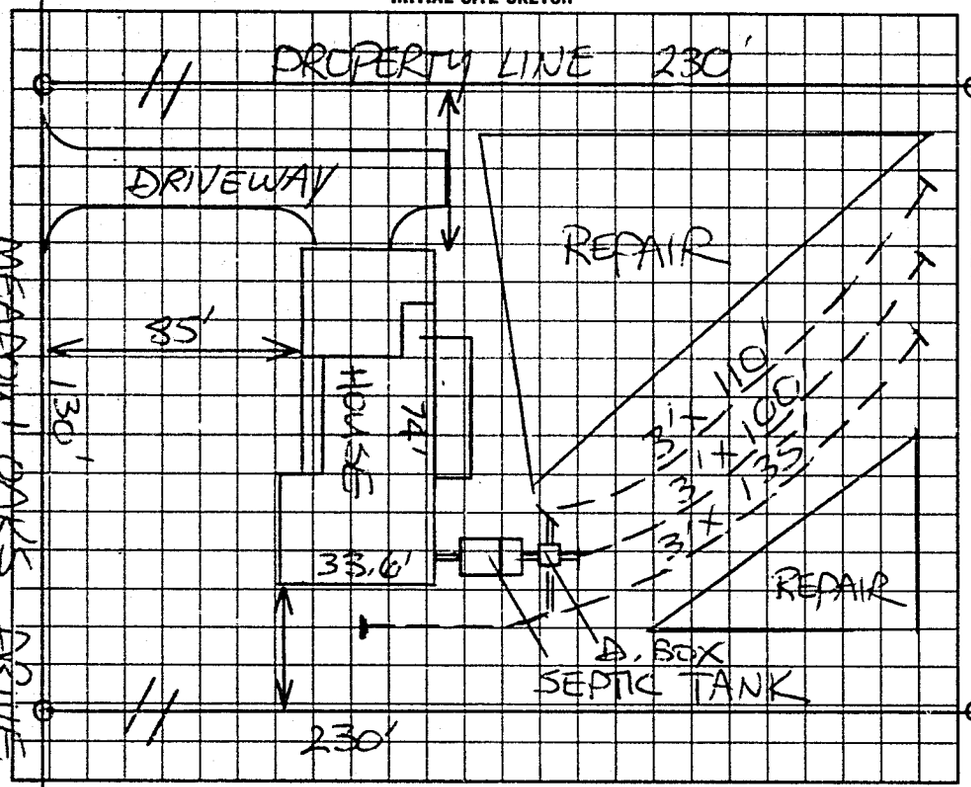
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: (1) KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10 FROM PROPERTY LINE (2) INSTALL LINES ON CONTOUR, NO DEEPER THAN 36" 9' APART ON CENTER (3) REMOVE OLD FIELD TERRACE

Comments:

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 Wayne Rogers

Improvement Permit by: STEVE HEDRICK date 2/1/94

Existing System Inspection by: _____ date _____

Installed by: DAVID VOLENTZ

Certificate of Completion by: STEVE HEDRICK date 4/12/94

Operation Permit by: _____ date _____

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