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. 19769 DATE 12/1/94 TAX MAP NO. 4L 3A 20 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Elshmel Meade PHONE: Business _____ Home 4750186439

ADDRESS Summertree Dr. Troutman, NC 28115 Rt 2 Box 305-2 Cleveland, NC

LOCATION Summertree Dr. - Osborne (R) on Summertree (L) just before cul de sac

SUBDIVISION Summertree BLOCK / SECTION _____ LOT 20 LOT AREA .8 Ac SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 891 Date 11/10/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1028 Linear Feet 342

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

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

System Description: Conv. - Dist Box

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

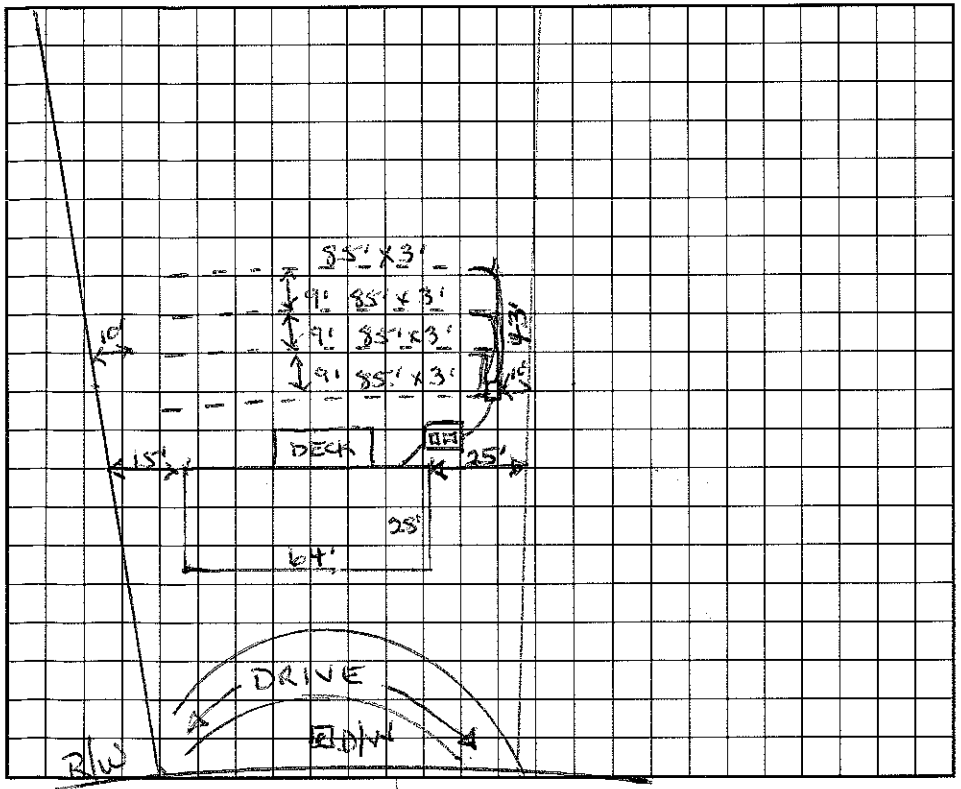
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Lines on slope contour in direction shown. Trench depth no greater than 32" to trench bottom.

Comments: Well not on site 12/19/94

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown on Imp. Permit

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: Butch Dunn

Improvement Permit by: Wesley Sparks RS date 12/1/94

Existing System Inspection by: _____ date _____

Installed by: Dunn Enterprises / Yadkin, N.C.

Certificate of Completion by: Wesley Sparks R.S. date 12/19/94

Operation Permit by: _____ date _____

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