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. 20190 DATE 1-31-95 TAX MAP NO. 5C-A-11 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Sandra Summers PHONE: Business Home 873-4963

ADDRESS 420 Dogwood Estates Statesville

LOCATION I-77 S 76 Amity Hill TR Pilch Ct 1/8 mi left

SUBDIVISION Pilchard BLOCK / SECTION 1 LOT 2 LOT AREA .755 acres SITE CLASS. P2 DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 7114 Date 3-22-95

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: " "

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

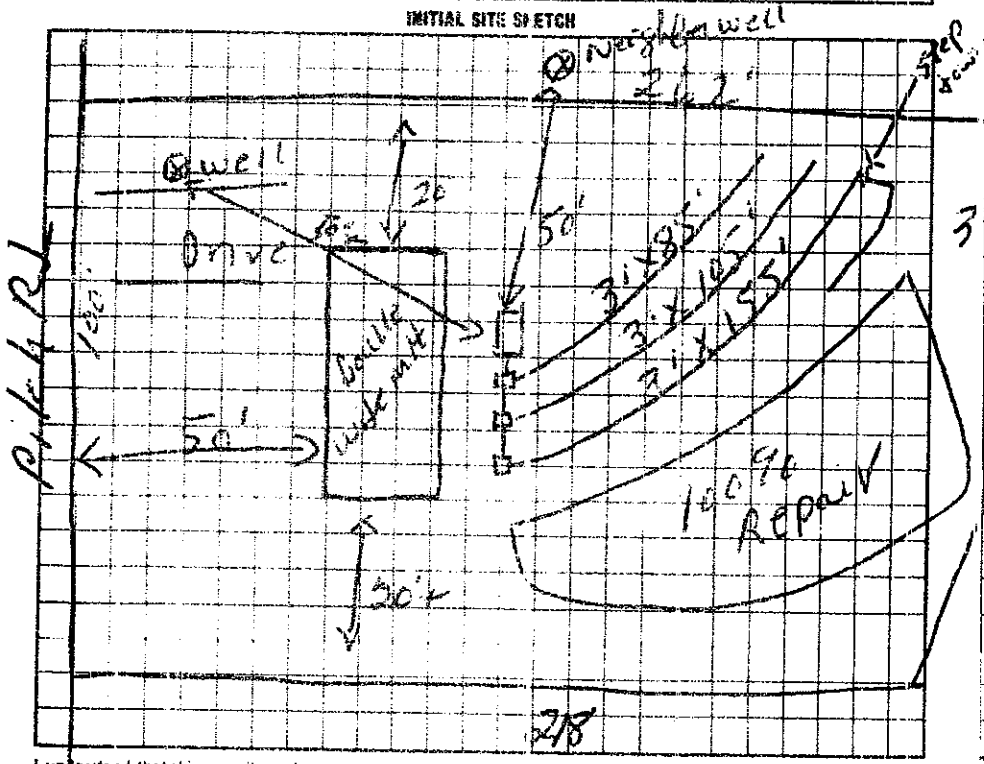
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

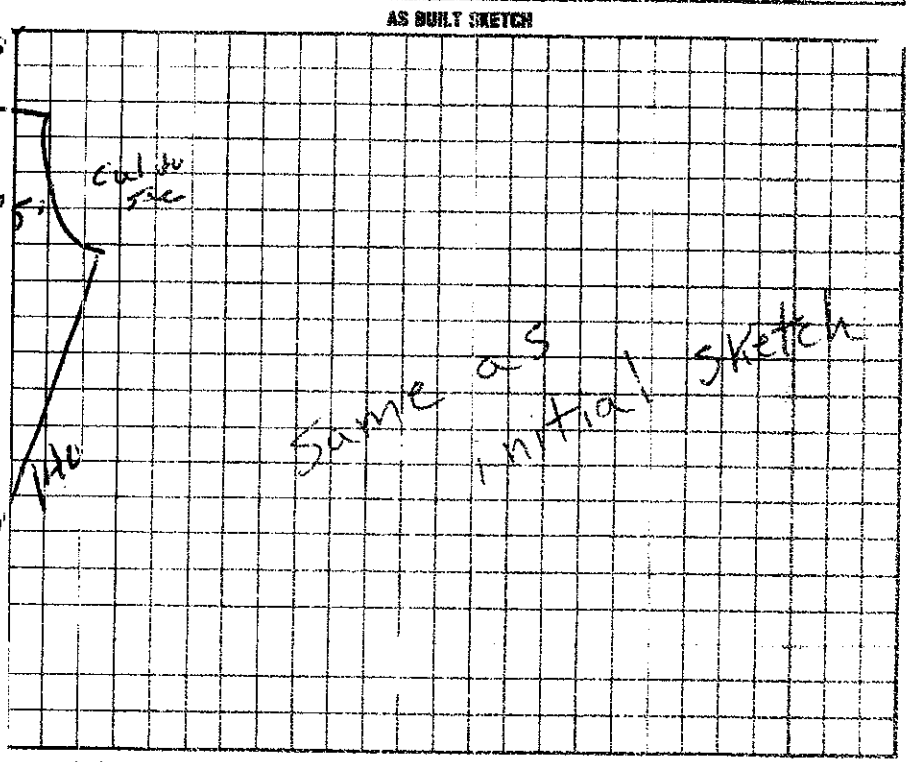
Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT 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: _____

Improvement Permit by: R. C. Moore date 1-31-95

Existing System Inspection by: _____ date _____

Installed by: A-1 Backhoe

Certificate of Completion by: R. C. Moore date 5-25-95

Operation Permit by: _____ date _____

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

JAN. 3, 1989 0:49