51912

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. 15536 DATE 6-7-94 TAX MAP NO. 5K-7-A-231 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR T+T Inc. PHONE: Business 878 6660 Home

ADDRESS PO Box 288 Sta

LOCATION NOE TR Moreheas TR Oldwell TL Big Four TR Tulip Tree on L

SUBDIVISION Forestacres BLOCK / SECTION V LOT 231 LOT AREA .44 acres SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .33

Septic Tank: 1000 Gallons; STB 782 Date 3/21/94
Pump Tank: 1006 Gallons; PT 27 Date 12/12/93
Pump Make: GOULDS Model WE4511H Serial No. 2858051
Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240
No Lines 3 Trench Width 36" Max Trench Bottom Depth 74" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Pump To Conv.
Repair System Description: Pump To Panel
Maintenance Agreement Required: ☐ Yes ☑ No

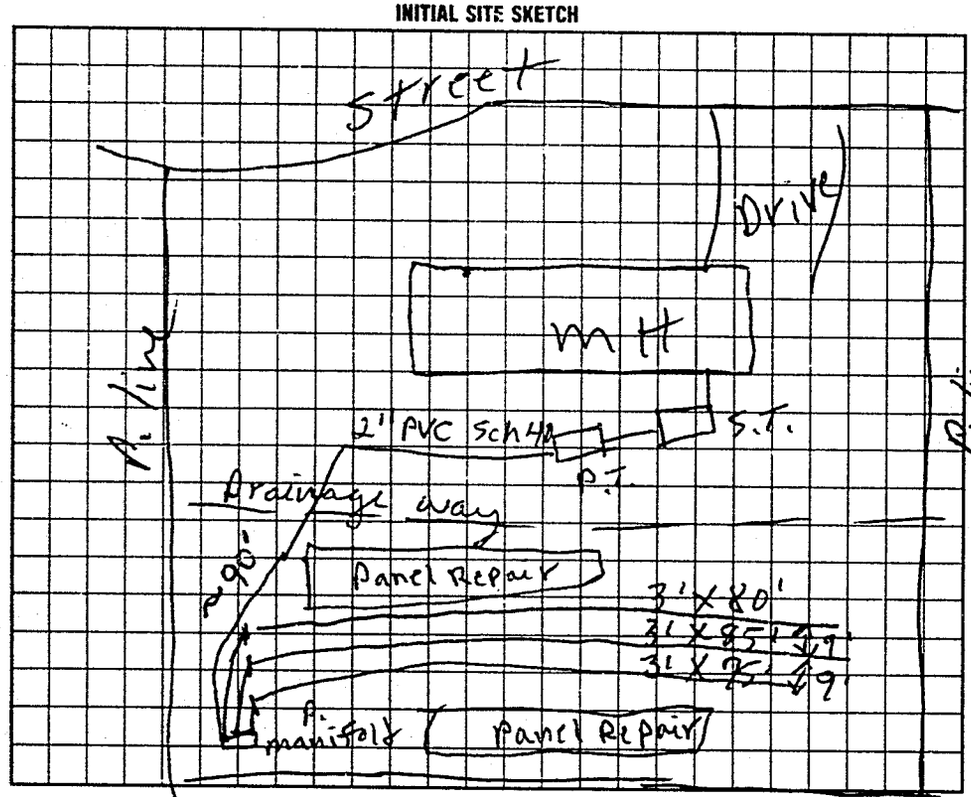
☑ House/Mod. Home No. Bedrooms 2
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☑ Public

Comments: See Attached Sheets for Pump Set up + Manifold set up.

Comments: (1) LINES INSTALLED ON 7' TO 8' CENTERS (2) SOIL CONTAINS MICA & SILTY TEXTURED SAPROLITE WHICH MAY AFFECT SYSTEM LIFESPAN.

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE SKETCH

LINES AND TANKS INSPECTED BY STEVE HEDRICK / MIKE DENNIS

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: T+T Co by [illegible]

Improvement Permit by: J. C. Moore date 6-7-94

Existing System Inspection by: _____ date _____

Installed by: DONALD LACKEY

Certificate of Completion by: J. C. Moore date 6-21-94

Operation Permit by: _____ date _____

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