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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. 17340 DATE Nov. 1, '93 TAX MAP NO. 4JA34 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR David Sheridan PHONE: Business _____ Home 528-3367

ADDRESS Rt 2, Box 321-A, Cleveland NC 27013

LOCATION 80 N TL 2362 (Triplett Rd.) X Creek 1 mile on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA n/Ac. SITE CLASS. PS DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1500 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 900 +EX Linear Feet 300 +EX.

No Lines 1 +EX. Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: pumped conv. / PBRS

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 6

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other with Addition

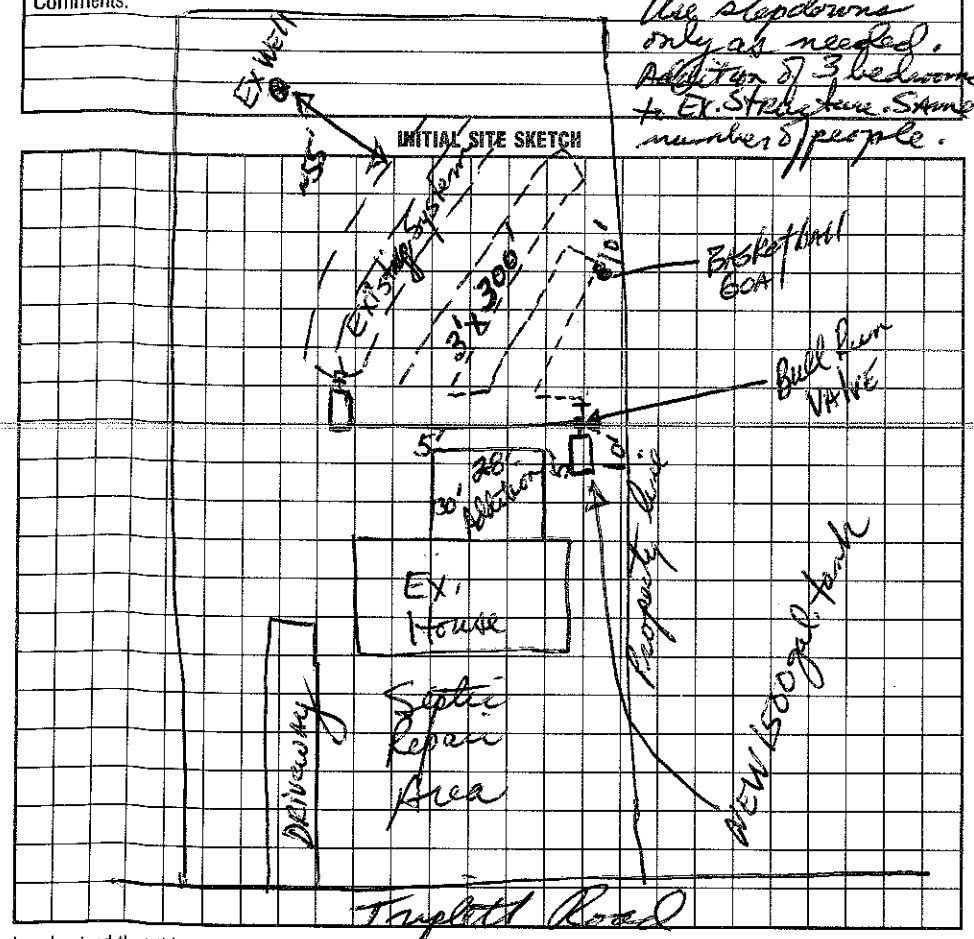
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Use stepdowns only as needed. Addition of 3 bedrooms to Ex. Structure. Same number of people.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

shortall'd as permitted
4/27/94

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: David Sheridan

Improvement Permit by: Jack Johnson RS date 11/1/93

Existing System Inspection by: _____ date _____

Installed by: Tommy Culbertson

Certificate of Completion by: Wesley Sparks RS. date 4/27/94

Operation Permit by: _____ date _____

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