IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

51477

PROPERTY DESCRIPTION NO. 18438 DATE 5-24-94 TAX MAP NO. 5F-2-A-3

OWNER OR CONTRACTOR Wayne Pugh PHONE: Business Home 528 4190

ADDRESS Cleveland N.C. Watershed: ☐ Yes ☐ No

LOCATION ~~70~~ 70 E TR Triplett Rd To water mass 2nt lot on Rt

SUBDIVISION Willow Ridge BLOCK / SECTION I LOT 3 LOT AREA .75acres SITE CLASS. PS DESIGN FLOW 760 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 1017 Date 3-21-94

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

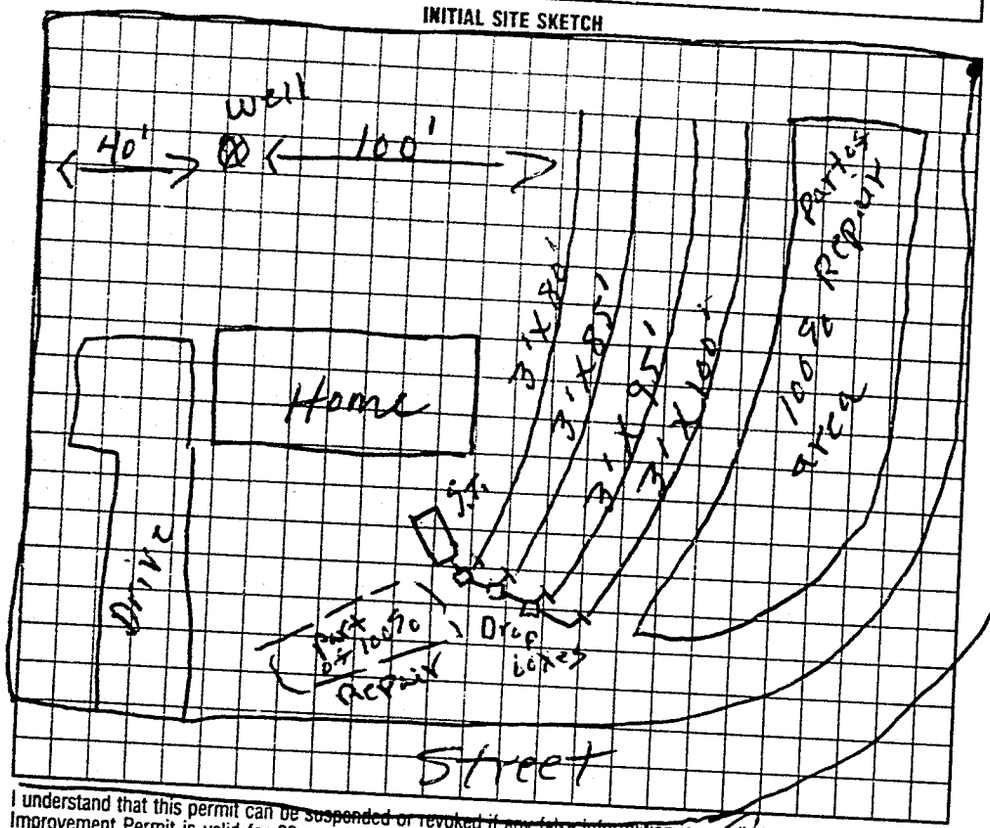
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

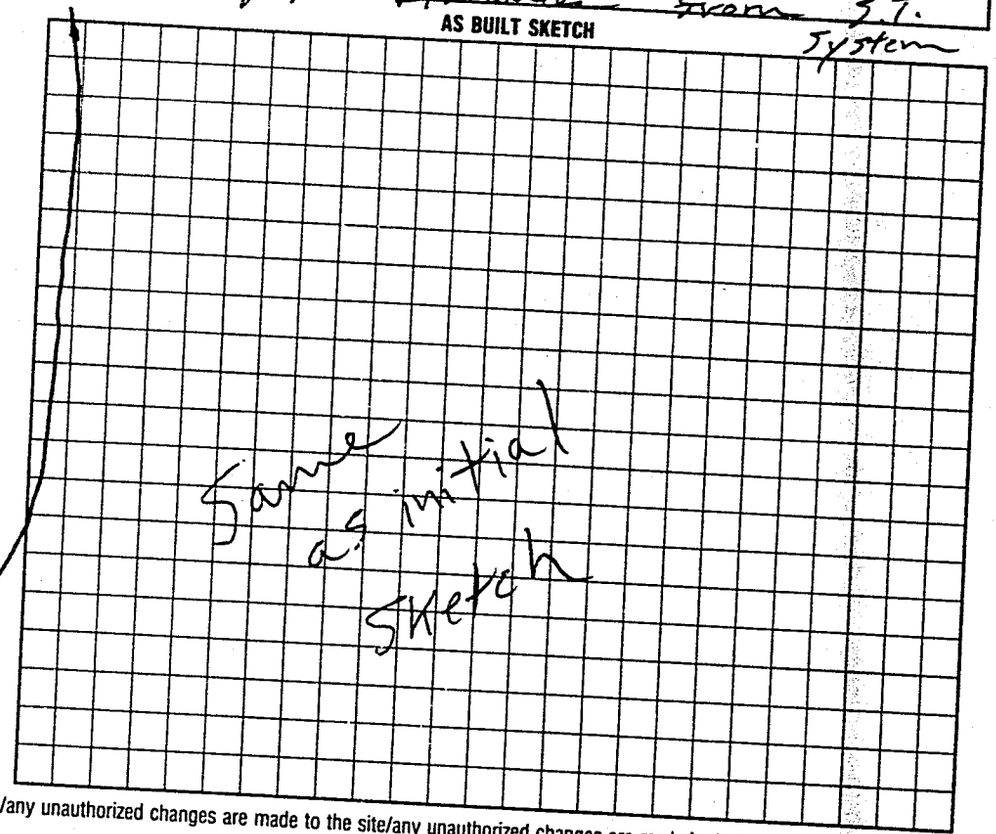
Comments:

Comments: well & mtt not located at time of this inspection locate proper distances from S.T. System

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: C. Wayne Pugh

Improvement Permit by: C. moore date ____

Existing System Inspection by: ____ date ____

Installed by: Clyte Young

Certificate of Completion by: 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