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. 18237 DATE 4-13-94 TAX MAP NO. 5E-2-A-97 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Robert Wolff PHONE: Business _____ Home 704 279 6370

ADDRESS 115 Savannah Dr. Rockwell N.C.

LOCATION 70E TR Triplett TR water moss TR winding Arbor 1ST lot 6

SUBDIVISION Willow Ridge BLOCK / SECTION II LOT 97 LOT AREA 1.6 acres SITE CLASS. & PS DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 12-8-94
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 5 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☒ New System ☐ Repair System Type: I ☐ II, III, IV, V, VI
System Description: Conv. Gravity
Repair System Description: Gravity / Porus Block Panel
Maintenance Agreement Required: ☐ Yes ☐ No

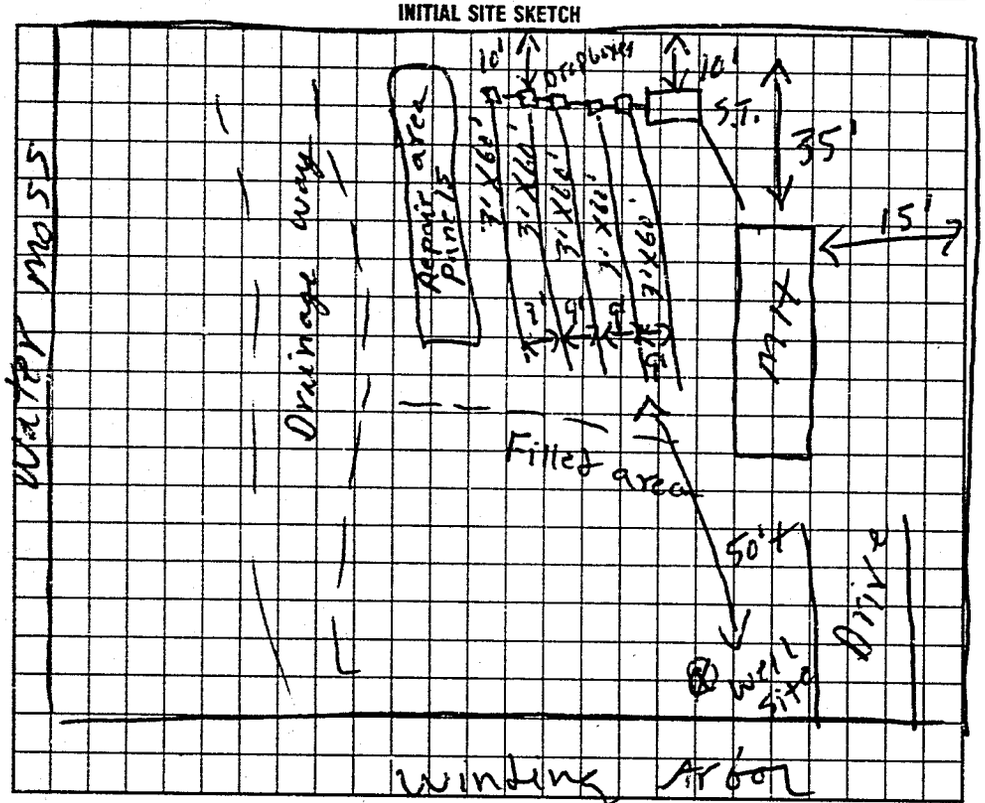
☐ House/Mod. Home No. Bedrooms 2
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments:

Comments: Home not located at time of inspection. Keep home min. 5' from any part of septic system. Well being installed at time of inspection, 50' +. Repair Area below system PPBPS.

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS INITIAL 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: X [signature]

Improvement Permit by: L. L. Moore date 4-13-94

Existing System Inspection by: _____ date _____

Installed by: Kenny Dellinger

Certificate of Completion by: Michael J. Dennis date 4-21-94

Operation Permit by: _____ date _____

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

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