IREDELL COUNTY HEALTH DEPARTMENT

No Tax Map / not on Computer

51705

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

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

PROPERTY DESCRIPTION NO. 18976 DATE 6/9/94 TAX MAP NO. 15P-A-28

OWNER OR CONTRACTOR DORIAN SWANNER PHONE: Business Home 704-592-2080

ADDRESS RT. 1 BOX 255 UNION GROVE NC 28689 Watershed: ☐ Yes ☑ No

LOCATION NC 115 N, PRIVATE DRIVE ON (L) JUST BEFORE ZEB ROAD, BEAR (L) HOUSE AT END.

SUBDIVISION BLOCK / SECTION LOT LOT AREA 16 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.40 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 11/8/93

Pump Tank: 1250 Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2½ No. Employees

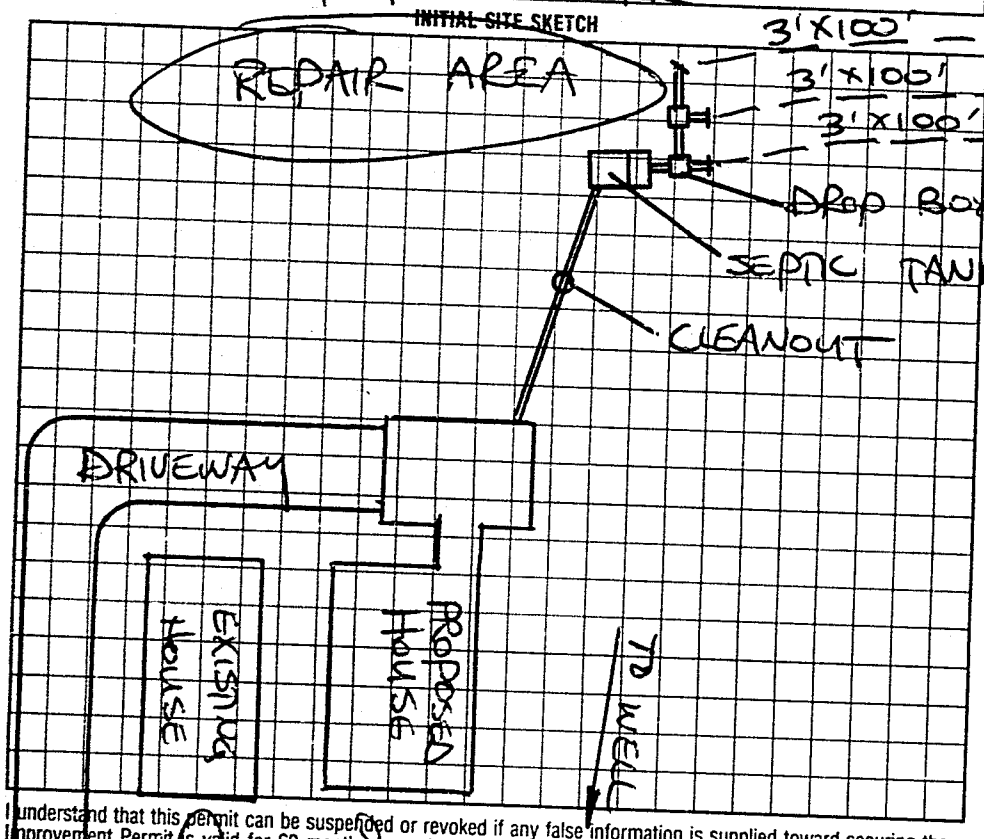
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Comments: (1) KEEP SYSTEM MINIMUM 15' FROM BASEMENT, 10' FROM PROPERTY LINE, 100' FROM WELL (2) INSTALL LINES ON CONTOUR, NO DEEPER THAN 30" & 9' APART ON CENTER

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE 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: [signature]

Improvement Permit by: STEVE HEDRICK date 6/9/94

Existing System Inspection by: date

Installed by: JAMES HUDLER

Certificate of Completion by: STEVE HEDRICK date 9/27/94

Operation Permit by: date

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

0 2 7 2 0 0

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Phone TR 3-7271 Mooresville Phone ID 3-1271

PERMIT TO INSTALL SEPTIC TANK

Permit NO. [illegible] Permit Date [illegible] 1965

Owner [illegible] Address [illegible]

Installed By [illegible] Address [illegible]

Location of Property [illegible]

Tank	Capacity	Length of Lines	Fixtures
Block (✓)	800 ( )	150' ( )	No. of Baths ( )
Precast ( )	900 ( )	175' ( )	Dishwasher ( )
	1000 ( )	200' ( )	Garbage Grdr. ( )
	1100 (✓)	225' (✓)	Auto-Washer ( )
	1200 ( )	250' ( )	Other
	Other	Other	

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

Final Inspection [illegible] 1965 Approved (✓) Disapproved ( )

Remarks

Sketch of Installation

Sanitarian [signature]