IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 48992

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

PROPERTY DESCRIPTION NO. 17037 DATE 9/20/93 TAX MAP NO. 15P- A-43

OWNER OR CONTRACTOR CHRYSTAL CRAWFORD (SLOAN) PHONE: Business Home 592-2263

ADDRESS RT. 1 BOX 240, UNION GROVE, NC 28689

LOCATION NC 115N, TR ZEB ROAD, 1ST DRIVE ON (R) AT PAVEMENT END, BACK OFF ROAD

SUBDIVISION BLOCK / SECTION LOT LOT AREA ~3 AC SITE CLASS PS L.T.A.R. 0.4 GPD/FT2

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Septic Tank: 1000 Gallons; STB 1012 Date 1/13/95

Pump Tank: Gallons; PT Date

Nitrification Field: No Fields 1 Square Feet ~~900~~ ~~1035~~ Linear Feet 300

No Lines 3 Trench Width 36" Trench Depth 18-30" 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 No. Bedrooms 1

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees

☐ Other PLANNED FOR FUTURE 3BR

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

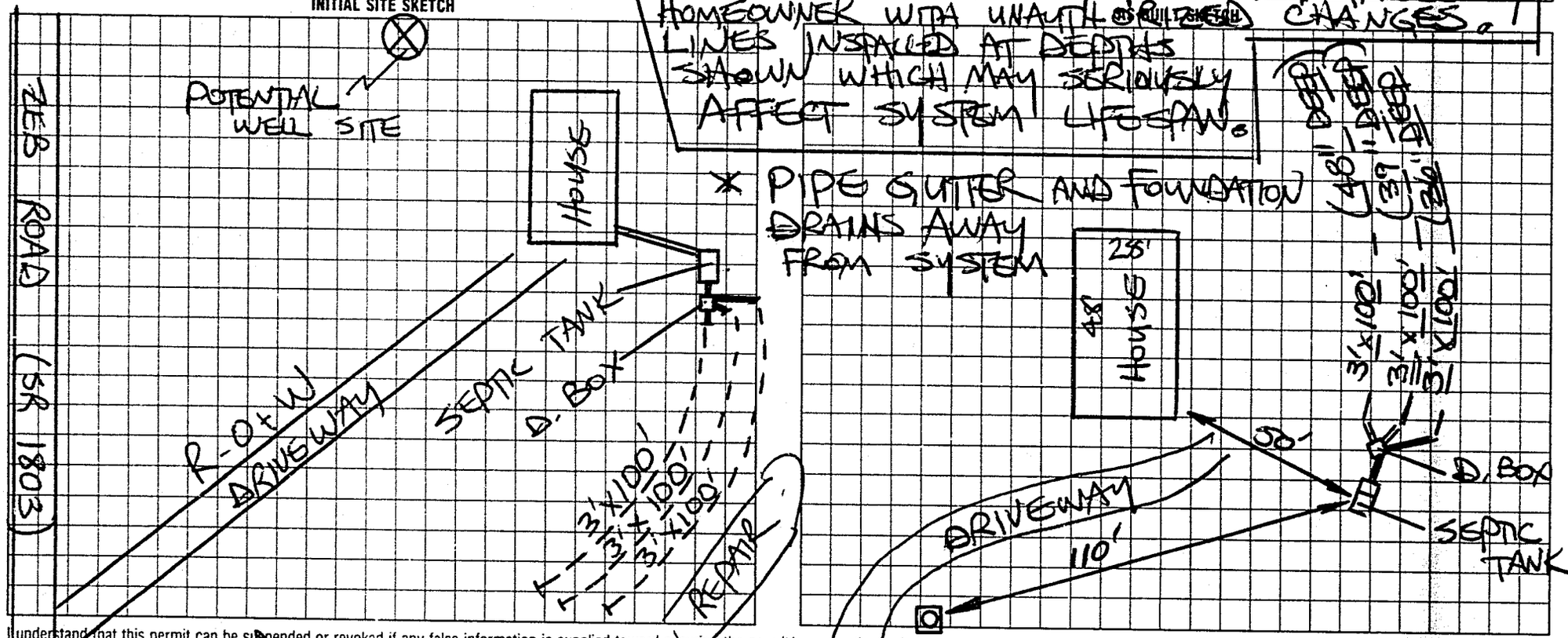
Other

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

Comments ① KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE, 100' FROM WELL ② INSTALL LINES ON CONTOUR, NO DEEPER THAN 30", 9' APART ON CENTER.

SYSTEM WAS INSTALLED BY HOMEOWNER WITH UNAUTHORIZED CHANGES. LINES INSTALLED AT DEPTHS SHOWN WHICH MAY SERIOUSLY AFFECT SYSTEM LIFESPAN.

INITIAL 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 Tommy Sloan

Improvement Permit by: STEVE HEDRICK date 9/20/93

Existing System Inspection by: date

Installed by: TOMMY SLOAN (OWNER)

Certificate of Completion by: STEVE HEDRICK date 3/31/95

Operation Permit by: date

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