IREDELL COUNTY HEALTH DEPARTMENT

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

57431

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

PROPERTY DESCRIPTION NO. 18624 DATE 10/17/94 TAX MAP NO. 16P-A-15 (PART) Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR WOLFGANG MEIER PHONE: Business (SURVEY) Home (703) 887-7123

ADDRESS HAUS IM WALLE 29338 FABBERG-OBERNE, DEUTSCHLAND

LOCATION I-77 N, TL NC901 TR UNION GROVE ROAD ON LEFT PAST HOLLAND FARM ROAD (SR 1812)

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA 1.58 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 8-9-95

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3 Trench Width 36" Max Trench Bottom Depth 18-36" Gravel Depth ____

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

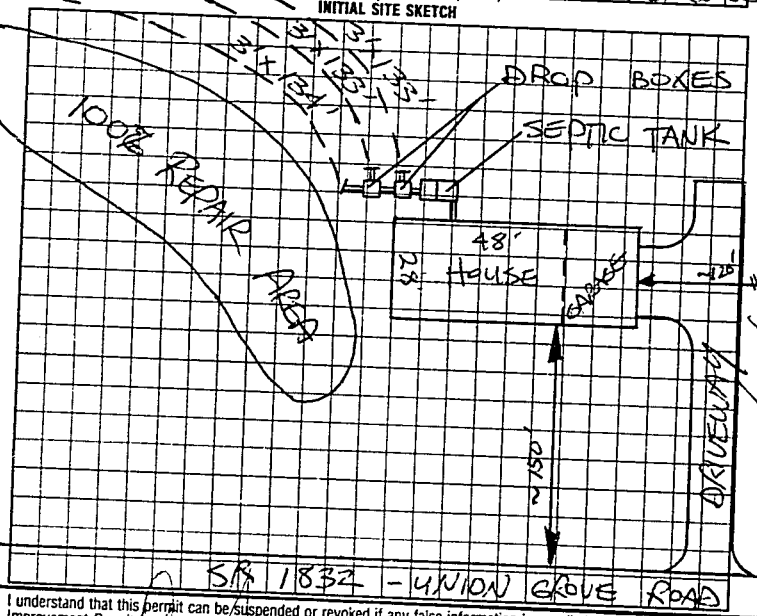
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public WELL

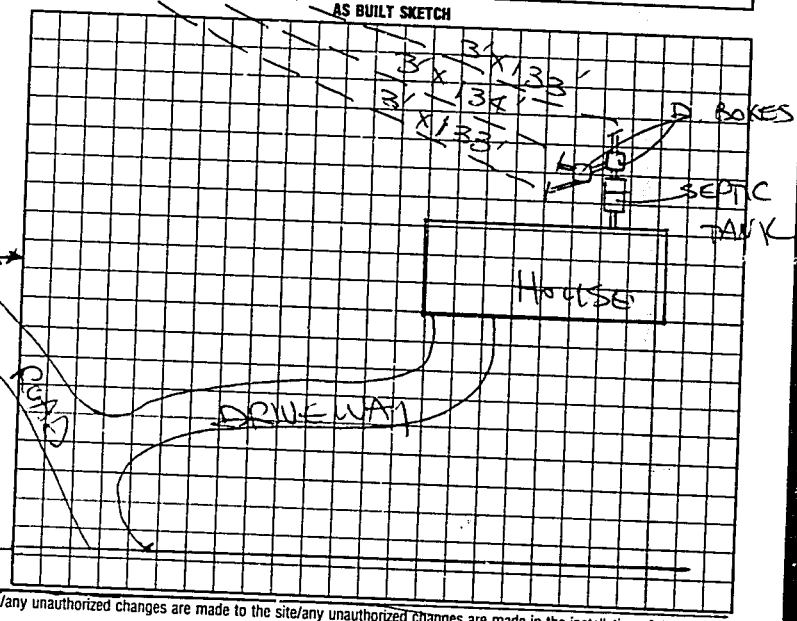
Comments: (1) KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE, 100' FROM WELL (2) INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' APART MINIMUM ON CENTER

Comments: KEEP WELL 100' FROM 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: X

Improvement Permit by: STEVE HENDRICK date 10/17/94

Existing System Inspection by: ____ date ____

Installed by: A-1 BACKHOE

Certificate of Completion by: ____ date ____

Operation Permit by: STEVE HENDRICK date 12-1-95

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