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. 068509 DATE 8-14-97 TAX MAP NO. 4881290514 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR SHIRLEY MORGAN PHONE: Business Home (910) 922-2080

ADDRESS 4016 CLARENDON AVE, WINSTON-SALEM, NC 27106

LOCATION US 21 N, TR MAYBERRY RD, TL KENNESAW RD, THIRD LOT ON LEFT PAST WHITE BEE

SUBDIVISION COUNTRY VILLAGE BLOCK / SECTION ____ LOT 7 LOT AREA 26,983 FT² SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 6-31-97

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet EQ. TO 1200 Linear Feet 300+

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" ~~Gravel~~ Depth 6" SAND

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

System Description: CHAMBERED GRAVITY

Repair System Description: CHAMBERED 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

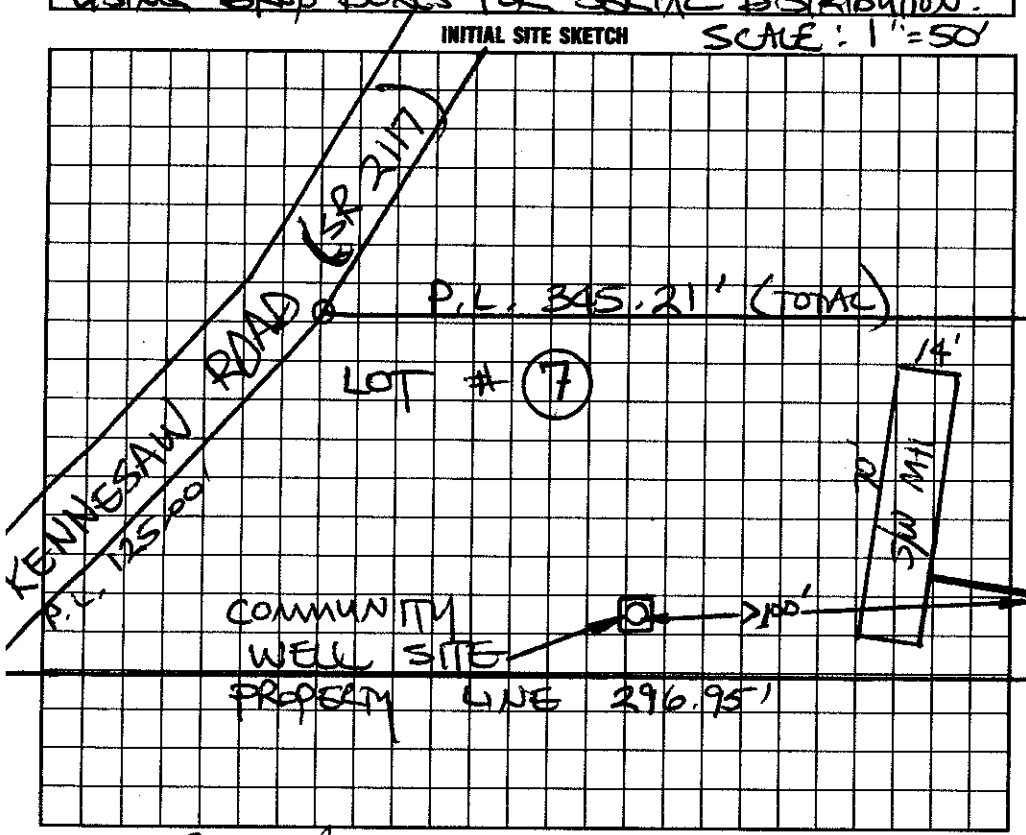
Water Supply: ☐ Individual ☑ Community ☐ Public

Comments ① KEEP SYSTEM MINIMUM 100' FROM COMMUNITY WELL SITE ② INSTALL FIFTY (50) CHAMBERS IN FOUR LINES AS FLAGGED ON CONTOUR; USING DROP BOXES FOR SERIAL DISTRIBUTION.

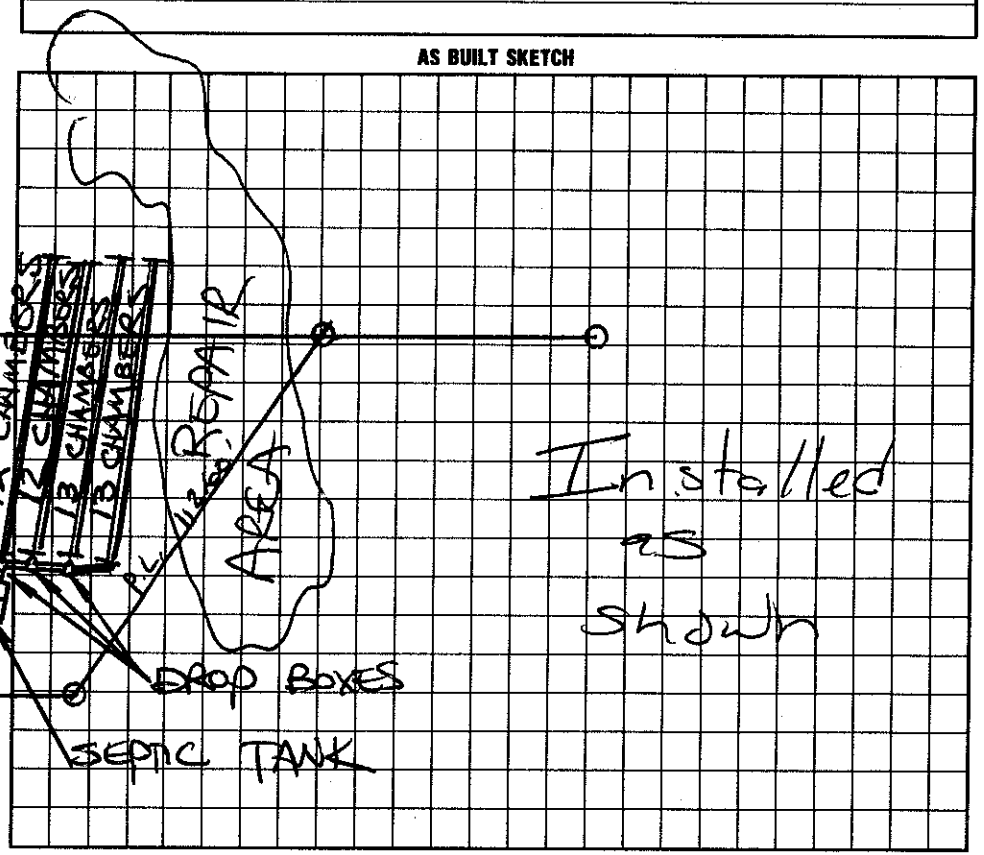
Comments:

LANE

INITIAL SITE SKETCH SCALE: 1"=50'



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. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.

Signed: Dawn D. Morgan

Improvement Permit by: STEVE HEDRICK date 8-14-97

~~Existing System Inspection~~ AMEND. P CONST. by: STEVE HEDRICK date 8-14-97

Installed by: Tommy Frye

~~Certificate of Completion~~ by: ____ date ____

Operation Permit by: Mary Cox date 9-5-97

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