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. 20806 DATE 5-30-95 TAX MAP NO. 8R-A-24 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Fred Chapman Jr. PHONE: Business _____ Home 873-9052

ADDRESS 1201 Sharon School Rd. Stony Pt., N.C. 28678

LOCATION I40W TR Sharon School Rd. Tl Gun Club Rd. Lot off Rd. in woods after 3rd or behind 3rd [redacted] Home on L.

SUBDIVISION NA BLOCK / SECTION — LOT — LOT AREA ≈4.0 acres SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 3-13-95

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'

No Lines 3 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: conventional, gravity fed.

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 1.5 No. Employees ____

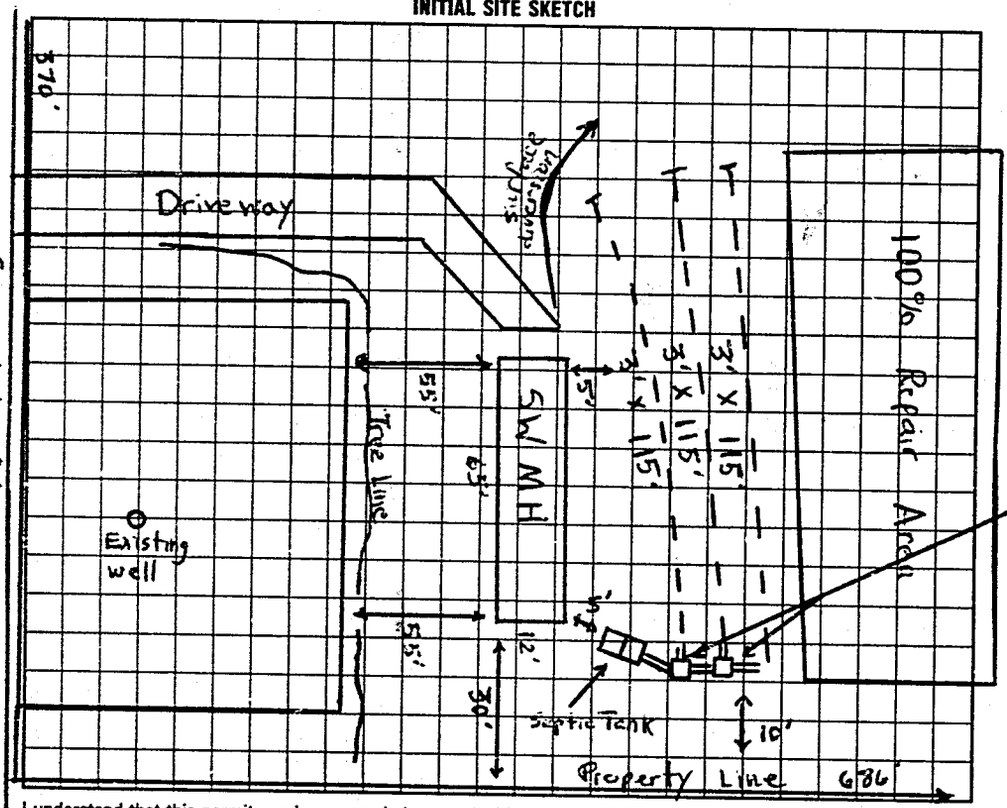
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public share well with lot above

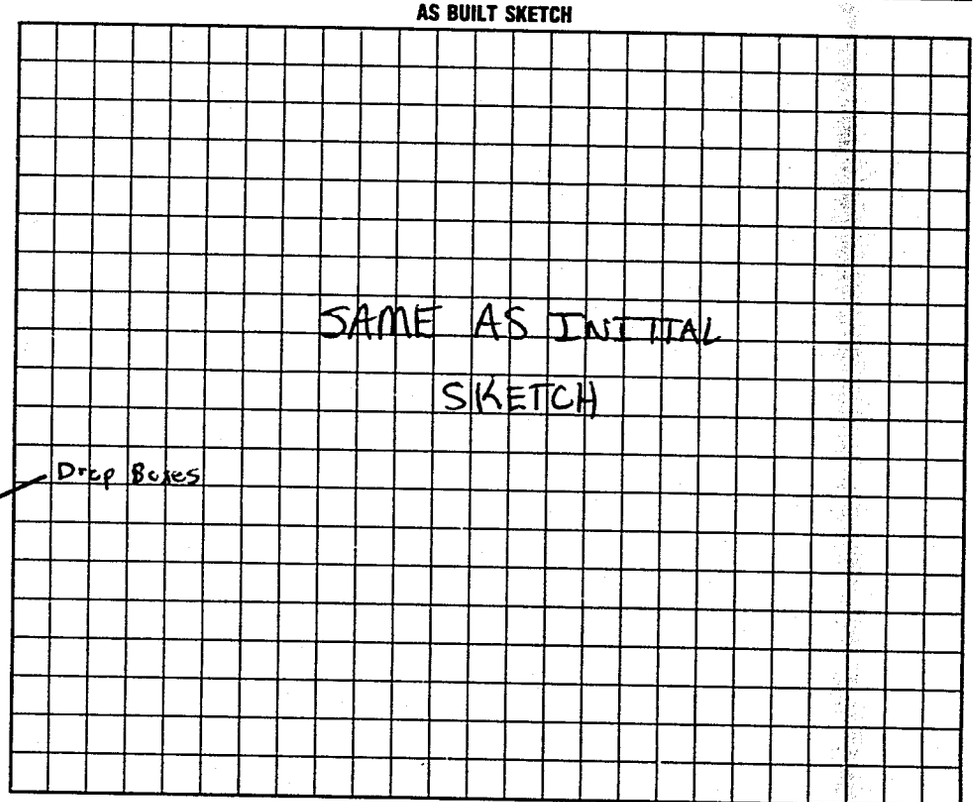
Comments: INSTALL SYSTEM SHALLOW (no deeper than 24" to bottom of trench). Keep lines and trenches on contour. Keep system 5' from foundation of home, 10' from all property lines, and 10' from water line. 100% Below system conventional, gravity fed.

Comments: Home not located at time of inspection. Keep home min. 5' from any part of 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: Fred Chapman

Improvement Permit by: Michael P. Dennis date 5-30-95

Existing System Inspection by: _____ date _____

Installed by: Donald Lackey

Certificate of Completion by: Michael P. Dennis date 6-16-95

Operation Permit by: _____ date _____

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