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. 20701 DATE 4-26-95 TAX MAP NO. 8P-A-41 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Fred Chapman, Jr. PHONE: Business _____ Home _____

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

LOCATION I40W TR Sharon School Rd. (3 miles on L) TL gravel Rd. (Cornerstone Lane) 1st lot on R

SUBDIVISION NA BLOCK / SECTION — LOT — LOT AREA .5 acre SITE CLASS. P.S. DESIGN FLOW 240 L.T.A.R. .35 gpd/ft2

Septic Tank: 1000 Gallons; STB 1012 Date 2-27-95

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 690 Linear Feet 230'

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: conventional, gravity fed.

Repair System Description: pump to conventional

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 2 No. Bathrooms 1 No. Employees ____

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

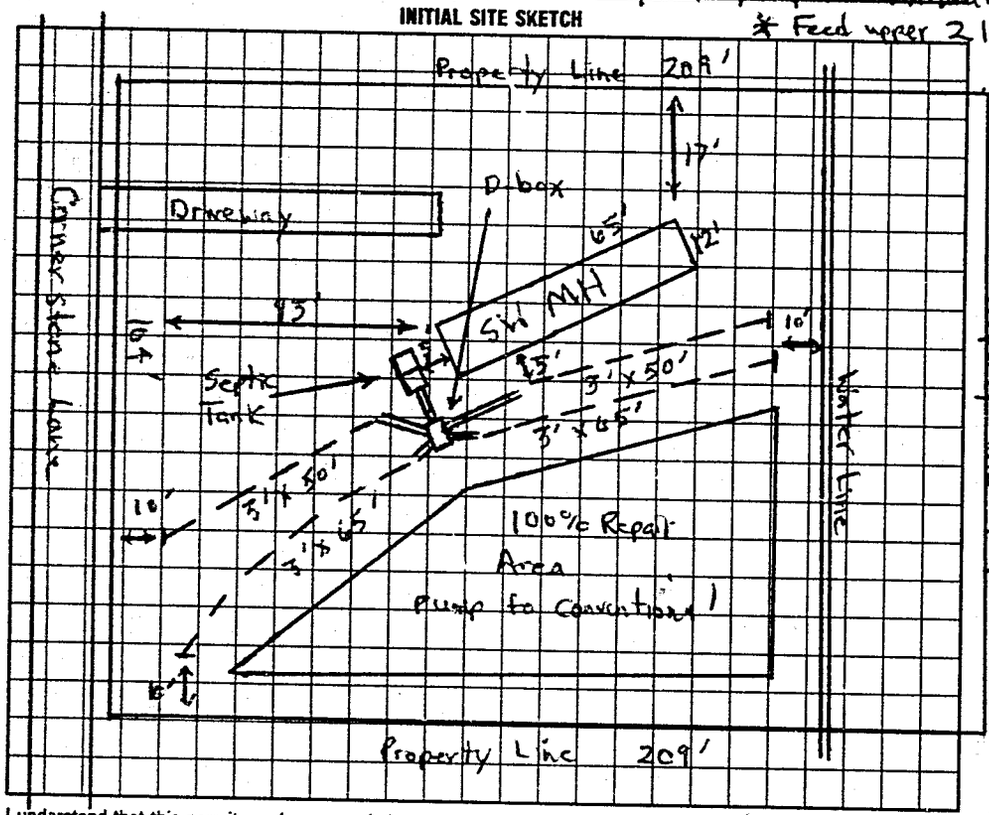
Water Supply: ☑ Individual ☐ Community ☐ Public Share well with Adjacent lot.

Comments: Install system no deeper than 36" to trench bottom. Keep lines and trenches on contour. Keep lines 9 O.C. Keep System 5' from foundation of home, 10' from all property lines, and 10' from water line. 100% Repair Area system pump to conventional.

Comments: Checked 2 (50') lines on 5-4-95 and Septic Tank. Equipment of contractor broke down. Inspected 2 (65') lines on 5-5-95. Soil contained more rock that was expected from initial evaluation. Ok due to rock out croppings completely surrounded by soil.

* Feed upper 2 lines first, 2(50' lines) last.

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS INITIAL 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 Jr.

Improvement Permit by: Michael J. Dennis date 4-26-95

Existing System Inspection by: _____ date _____

Installed by: Donald Lackey

Certificate of Completion by: Michael J. Dennis date 5-5-95

Operation Permit by: _____ date _____

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