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. 20797 60313 DATE 5-17-95 TAX MAP NO. 81-A-38 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Allen Miller PHONE: Business _____ Home 878-3062

ADDRESS Rt. 1 Box 115-M Stony Point, N.C. 28678

LOCATION I-40 W TR Sharon School Rd. TR New Sterling Rd. 2nd Drive on R House off Rd. - 1/4 mile.

SUBDIVISION NA BLOCK / SECTION — LOT — LOT AREA 60 acres SITE CLASS P.S. DESIGN FLOW 360 L.T.A.R. .27 gpd/ft²

Septic Tank: 1000 Gallons; STB 825 Date 2-11-99
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 1350 Linear Feet 450'
No Lines 5 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: LPP
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

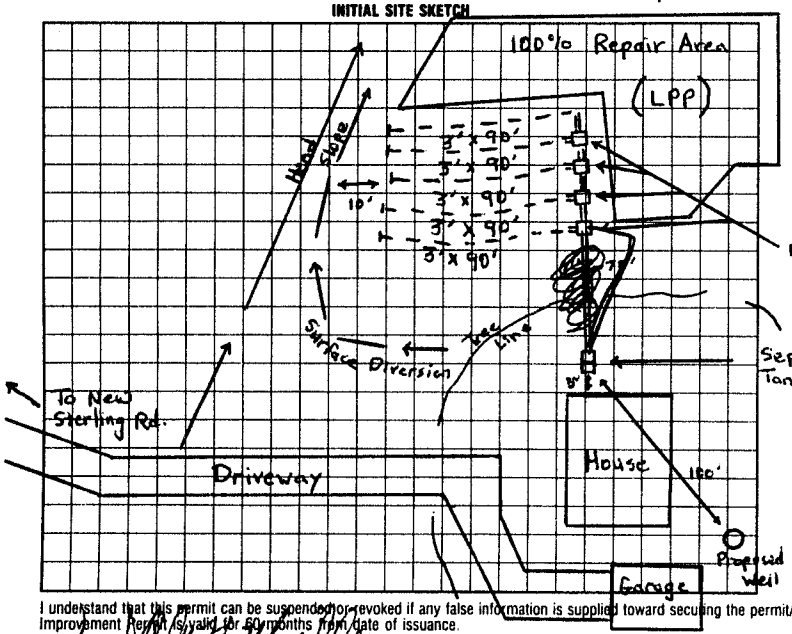
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom) Keep lines and trenches on contour. Keep system 5' from foundation of home, 10' from all property lines, and 100' from any well. Create surface diversion ditch above system and redefine head slope to concentrate water away from septic system. 100% Repair Area beside and below system, LPP.

(*1) If rock areas are hit when installing drainlines, straight pipe thru.

(*3) INSTALL SYSTEM 24" deep on lower side of trench.

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: X _____

Improvement Permit by: Michael J. Dennis date 5-17-95

Existing System Inspection by: _____ date _____

Installed by: Wayne Clontz

Certificate of Completion by: _____ date _____

Operation Permit by: R. C. Moore date 3-11-99

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