IREDELL COUNTY HEALTH DEPARTMENT

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

~~3-30 Donald~~ 11:00 56807

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

PROPERTY DESCRIPTION NO. 20766 DATE 4-25-95 TAX MAP NO. 9D-A-87 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Calvin Upright PHONE: Business Home 872-9303

ADDRESS Rt. 3 Box 277 Statesville, N.C. 28677

LOCATION I40W TL Old Mtn. Rd TR Hwy 70 TL Eufola Rd. TR before last MH on R just before MH Park on L.

SUBDIVISION NA BLOCK / SECTION — LOT — LOT AREA 2.834 acre SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .31 gpd/ft²

Septic Tank: 1000 Gallons: STB 1012 Date 3-30-95

Pump Tank: 1000 Gallons: PT JP PT-17 Date 3-30-95

Pump Make: Gould Model 3887 Serial No. W10128HF

Nitrification Field: No Fields 1 Square Feet 1155 Linear Feet 385'

No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: pump to conventional

Repair System Description: pump to Infiltrator

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

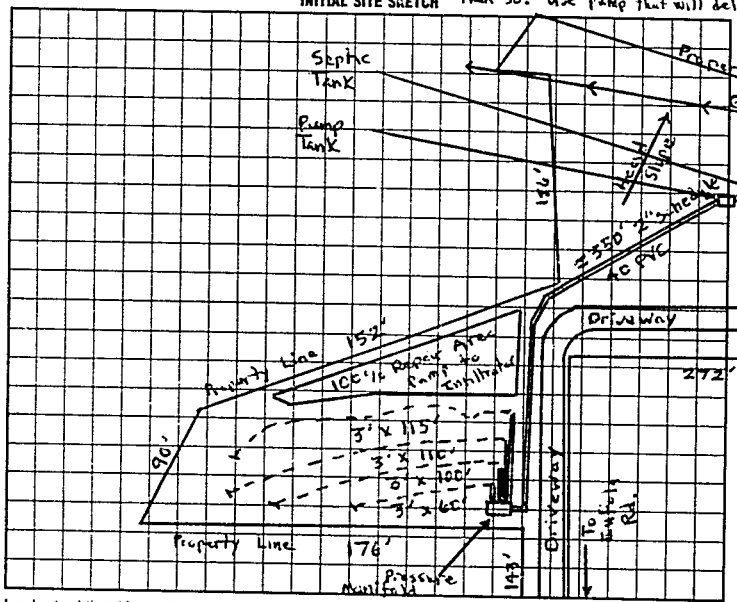
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Pump to pressure manifold (see two attached copies for pump and pressure manifold diagram). Use 2" schedule 40 PVC, x 350', and run to pressure manifold. Run drain lines on contour. Keep system 5' from foundation of home, 10' from all property lines, and max feasible distances from any well and no closer than 50'. Use pump that will deliver 43 GPM at 52.83 TDH.

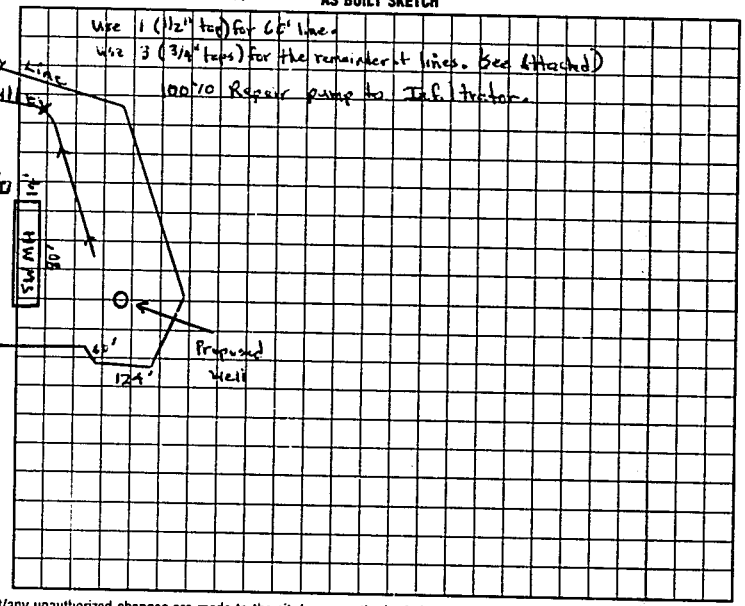
Comments:

Use 1 (1½" tee) for 66' lines.
Use 3 (3/4" tees) for the remainder of lines. Bed attached)
100% Repair pump to Inf. trator.

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:

Improvement Permit by: Michael J. Crisp date 4-25-95

Existing System Inspection by: date

Installed by: Donald Lackey

Certificate of Completion by: J. C. Moore date 7-25-95

Operation Permit by: date

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