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. 06999 DATE 11-17-97 TAX MAP NO. 3792748979 PT Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR ~~Plantation Homes~~ Bob Haden PHONE: Business _____ Home 871-8005 WSIVPA

ADDRESS 119 Brawley Park Drive Statesville NC

LOCATION ~~FOW~~ TL Eufola TL Lynns Ln (Before Bridge) TR lot on left

SUBDIVISION Gunter Springs BLOCK / SECTION _____ LOT 1 LOT AREA 1.254C. SITE CLASS. P/S DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1017 Date 3-11-98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4 Trench Width 36 Max Trench Bottom Depth 36 Gravel Depth N/A

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

System Description: Gravity Chamber/HDS

Repair System Description: Pump Panel

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

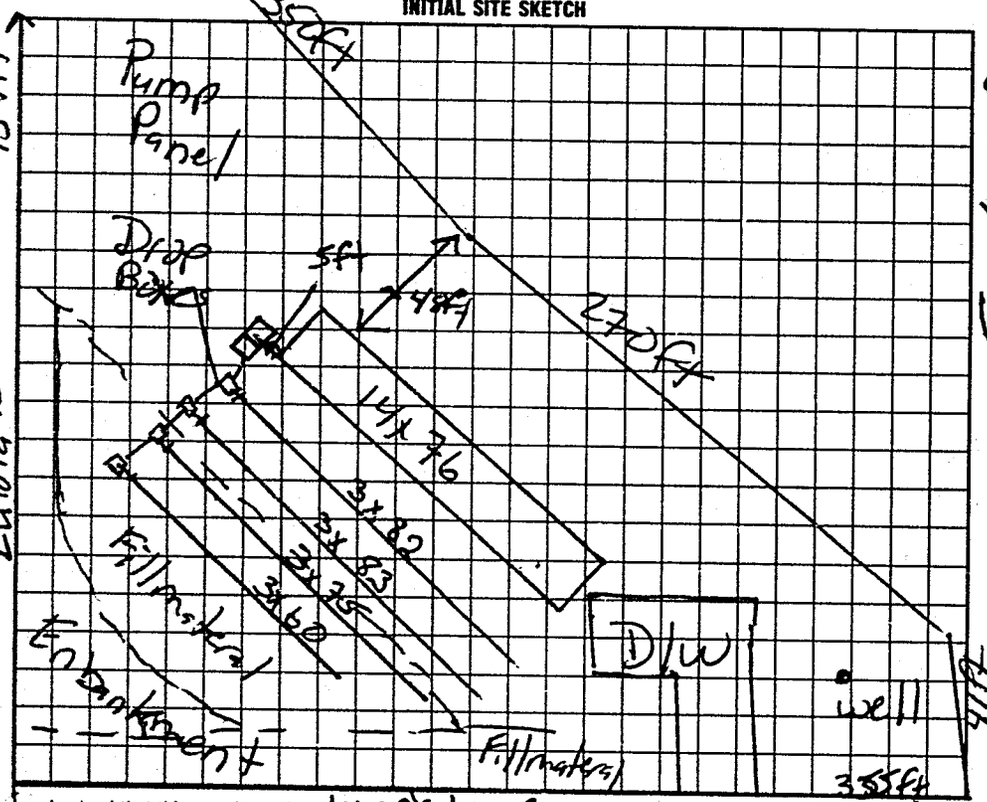
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

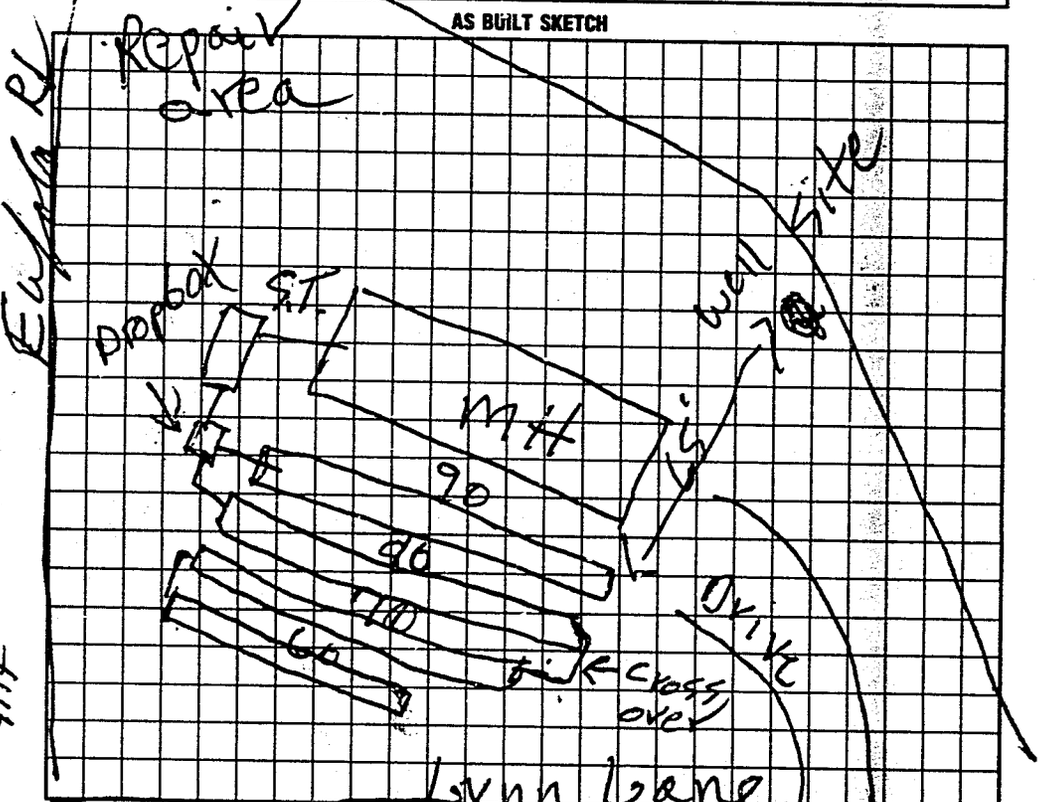
Comments: * Fill material must be removed before system is installed (lower two lines) Keep lines on contour, 4ft on center

Comments:

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. Authorization to construct expires 5yrs from issue date

Signed: Bob Haden

Improvement Permit by: Mary C Ostwalt RS date 11-17-97

Authorization to construct by: Mary C Ostwalt RS date 11-17-97

Existing System Inspection by: _____ date _____

Installed by: Rick Shook

Certificate of Completion by: _____ date _____

Operation Permit by: P. C. Moore date 5-19-98

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