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. 25658 67628 DATE 6-10-97 TAX MAP NO. 8H-A-1 Pt of 5 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Ronald D. Popiel PHONE: Business Home 871-8866 WSIV RA

ADDRESS PO Box 6585 Statesville NC.

LOCATION I-40 W TL Sharon School TR Macknill TR Broken Arrow TL Pawnee Ct lot on left

SUBDIVISION Buffalo Notch BLOCK / SECTION LOT 31+32 LOT AREA 1.16 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3 gal/sq ft/day

Septic Tank: 1000 Gallons; STP 821 Date 8-4-97

Pump Tank: 1000 Gallons; P/T 40 Date 8-4-97

Pump Make: Hydromatic Model SHEF5um Serial No. 5186700C7

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

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Pump To Chambers

Repair System Description: Pressure dosed Panels

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 4 No. Employees

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

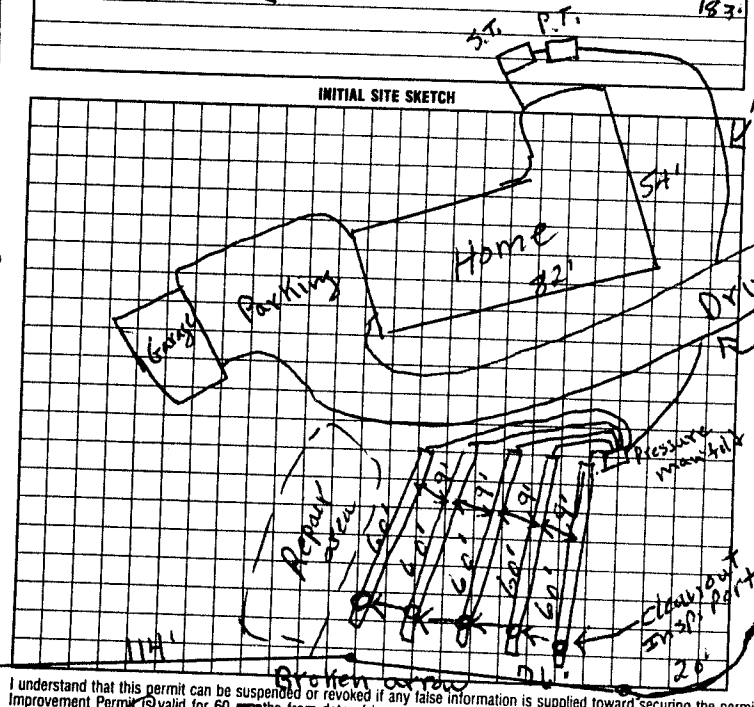
Water Supply: ☐ Individual ☐ Community ☐ Public

Comments: 100'

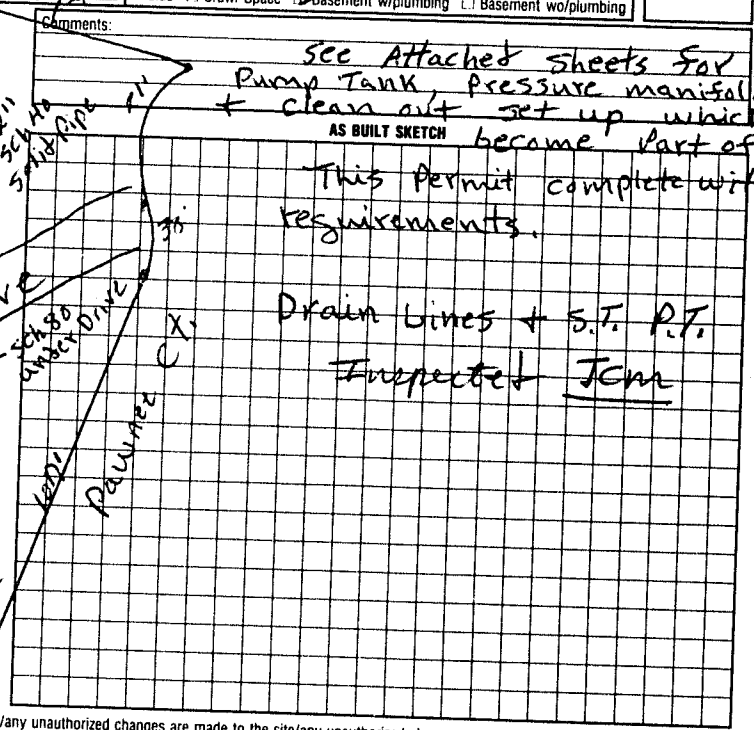
Comments: See Attached sheets for Pump Tank, Pressure manifold + clean out set up which become part of This Permit complete with requirements.

Drain lines + S.T. P.T. Inspected + JCM

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: Larry Blunk / Cornerstone

Improvement Permit by: J.C. Moore date 6-10-97

Existing System Inspected by: J.C. Moore date 6-10-97

Authorization to Count.

Installed by: Ronald D. Popiel

Certificate of Completion by: [illegible] date

Operation Permit by: [illegible] date 7-5-97

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

Authorization to Count. Expires 60 mos from issue