IREDELL COUNTY HEALTH DEPARTMENT

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

pd. 12.5.8-21

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

PROPERTY DESCRIPTION NO. 066801 DATE 8-15-97 TAX MAP NO. 3793402778 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR MICHAEL STEWART PHONE: Business 464-7325 Home 464-0462

ADDRESS 102 G-3 BRANDYWINE DRIVE, CONOVER NC 28613

LOCATION I-40 W TL SHARON SCH, TL MOCK MILL, TR BROKEN ARROW, TR DAKOTA, TL CHEYENNE LANE, 2ND LOT ON RIGHT

SUBDIVISION BUFFALO SHOALS BLOCK / SECTION ____ LOT 70 LOT AREA 0.67 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 901 Date 7-20-98
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ. TO 1200 Linear Feet 200
No Lines FIVE Trench Width 24" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PPBPS GRAVITY
Repair System Description: PPBPS GRAVITY
Maintenance Agreement Required: ☐ Yes ☒ No
~~Gravel~~ Depth SAND 6" ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3½
☐ Business No. Employees ____
☐ Other ____

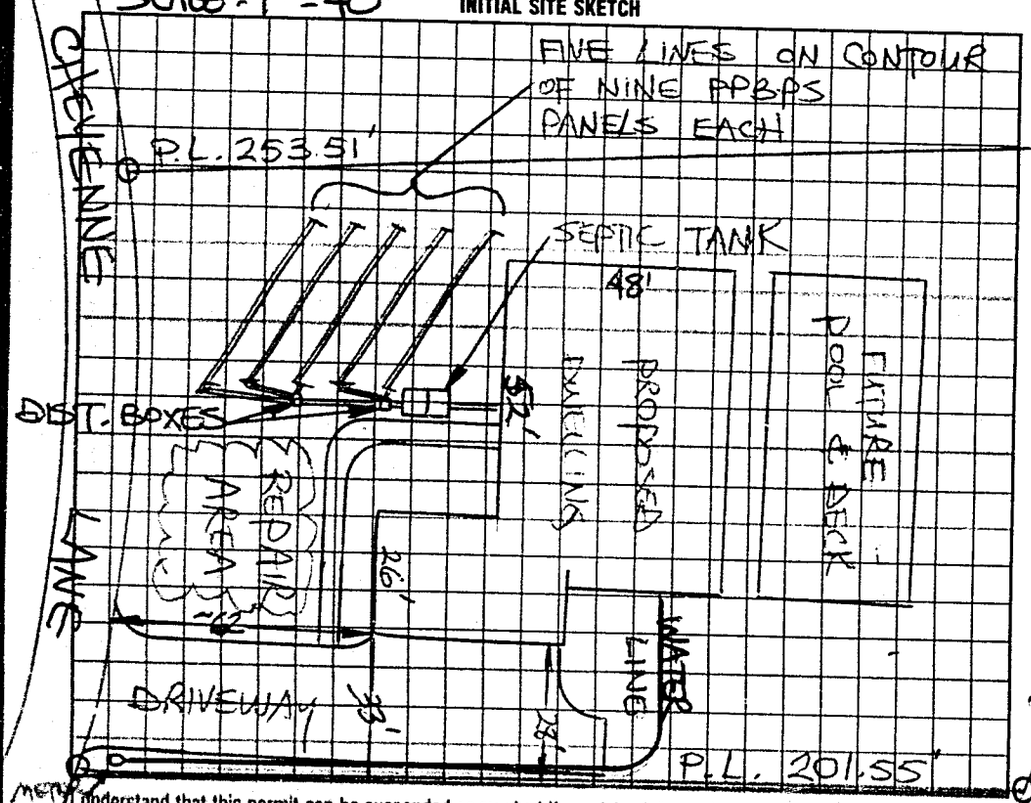
Water Supply: ☐ Individual ☐ Community ☒ Public

Comments: ① INSTALL 45 PPBPS PANELS IN FIVE EQUAL LENGTH LINES ON CONTOUR AS SHOWN. ② KEEP SYSTEM MINIMUM 10' FROM PROPERTY LINE.

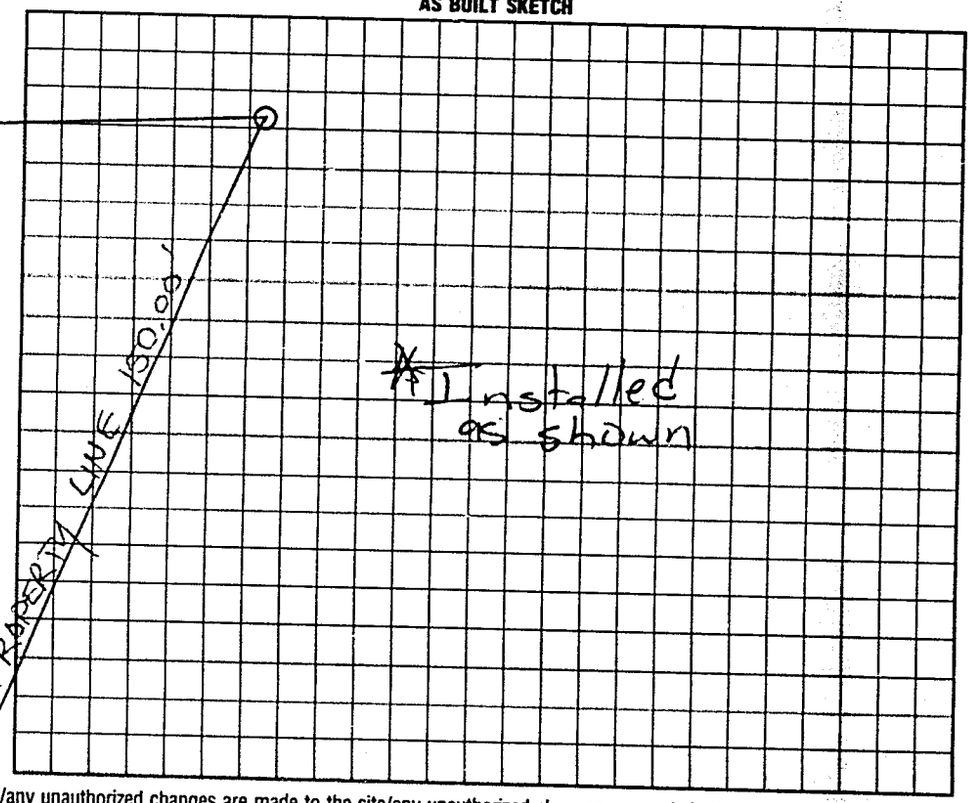
Comments: Note: Tank location moved to side of house

SCALE: 1"=40'

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 IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE.

Signed: ____

Improvement Permit by: STEVE HEDRICK date 8-15-97
AUTH. TO CONST.
~~Existing System Inspection~~ by: STEVE HEDRICK date 8-15-97

Installed by: Cline & Gilleland Septic
~~Certificate of Completion by:~~ ____ date ____
Operation Permit by: Mat Conners RS date 8-26-98

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

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