IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 11-6-95 58299

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

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

PROPERTY DESCRIPTION NO. 22400 DATE 11-30-95 TAX MAP NO. 8H-5-A-14 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR KRISTOPHER LADELL MEREDITH PHONE: Business _____ Home 878-0706

ADDRESS 508 CAMELOT DRIVE, STATESVILLE, NC 28677

LOCATION I-40 W, TL SHARON SCH RD, TL MOCK MILL RD, TL HOKE CIRCLE, 3RD LOT ON RIGHT

SUBDIVISION HOKE BLOCK / SECTION _____ LOT 14 LOT AREA 115'x174' SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT2

Septic Tank: 1000 Gallons; STB 1012 Date 9-27-95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

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

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

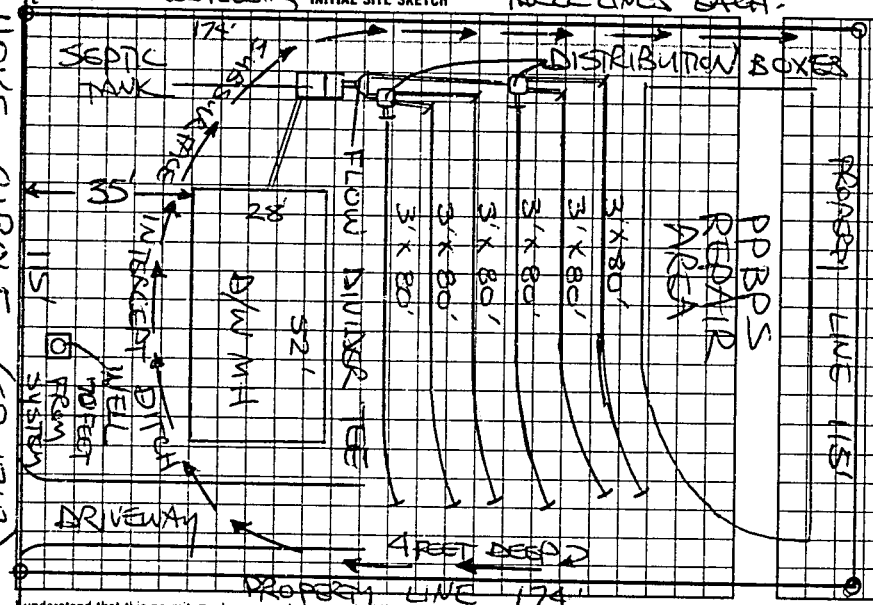
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Comments: ① CONSTRUCT SUBSURFACE INTERCEPT DRAIN AT LOCATION SHOWN ② CONTACT HEALTH DEPT TO FLAG SYSTEM AFTER CLEARING LOT & PRIOR TO INSTALLATION, ③ USE FLOW DIVIDER TEE TO SPLIT EFFLUENT INTO TWO D. BOXES FEEDING THREE LINES EACH.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH

HOKE CIRCLE (SR 1712)

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.

AUTHORIZATION TO CONSTRUCT IS VALID FIVE (5) YEARS FROM DATE OF ISSUANCE. IMPROVEMENT PERMIT HAS NO EXPIRATION DATE

Signed: Tony Dunaway - Pioneer Masonry, Inc

Improvement Permit by: STEVE HEDRICK date 11-30-95

Existing System Inspection by: AUTHERIZATION TO CONSTRUCT STEVE HEDRICK date 11-30-95

Installed by: DONALD LACKEY

~~Certificate of Completion by:~~ _____ date _____

Operation Permit by: STEVE HEDRICK date 12-29-95

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