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. 068829 DATE 8-26-97 TAX MAP NO. 3793912876 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR DANIEL POOLE PHONE: Business 878-3113 Home 873-1852

ADDRESS 3720 HICKORY HIGHWAY, STATESVILLE, NC 28677

LOCATION US 70 W, ON RIGHT PAST HEARTHSTONE LANE, 2ND DRIVEWAY ON RIGHT, BACK OFF 600'

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~1.0+ ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.35 GAD/FT²

Septic Tank: 1000 Gallons; STB 1000 Date 11-20-00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines THREE Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

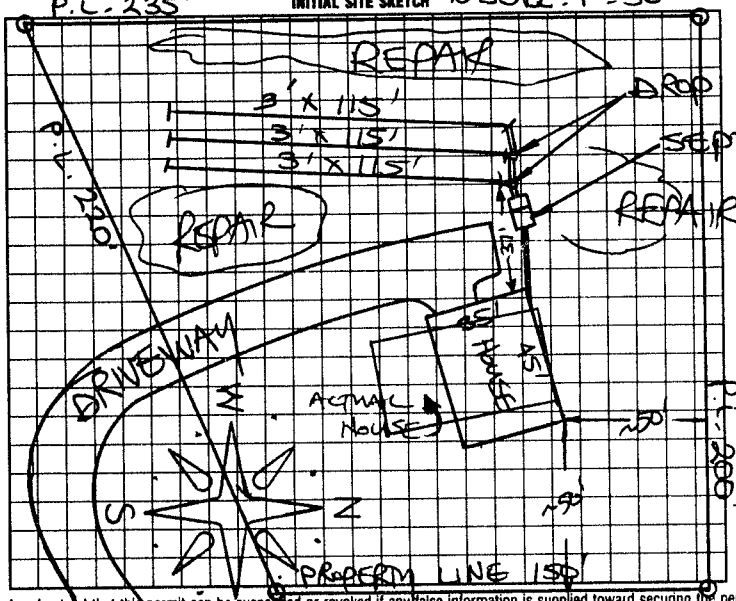
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments:

Comments:

INITIAL SITE SKETCH ~ SCALE: 1" = 50'



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INIDAL SITE 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: Daniel W. Poole

Improvement Permit by: STEVE HEDRICK date 8-26-97

AUTH. TO CONST. Existing System Inspection by: STEVE HEDRICK date 8-26-97

Installed by: JOEY TRAVIS date _____

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

Operation Permit by: STEVE HEDRICK date 2-20-01

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