IREDELL COUNTY HEALTH DEPARTMENT

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

49946

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

PROPERTY DESCRIPTION NO. 17355 DATE 11-1-93 TAX MAP NO. 8V-A-28

OWNER OR CONTRACTOR Brian Pope PHONE: Business Watershed: ☐ Yes ☑ No

ADDRESS Rt. 1 Box 165-A Stoney Point, N.C. 28678 Home 872-9978

LOCATION I40W TR Old Mtn. Rd. TL New Sterling Rd. TR Linden Rd. Lot .5 miles on R.

SUBDIVISION NA BLOCK / SECTION LOT LOT AREA ≈ 9.0 acres SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd / ft²

Septic Tank: 1000 Gallons; STB 1012 Date 12-16-93

Pump Tank: – Gallons; PT – Date –

Pump Make: – Model – Serial No. –

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth 18"-36" Gravel Depth 12"

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

System Description: conventional, gravity fed

Repair System Description: conventional, gravity fed

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees –

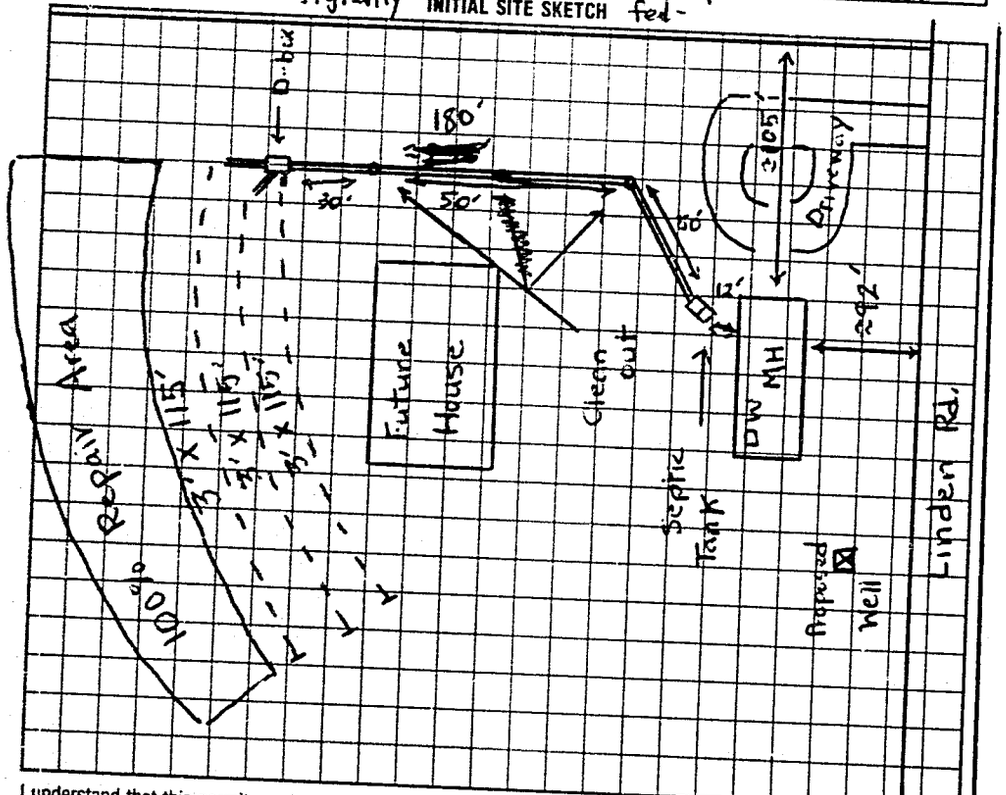
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Keep Nitrification Lines on contour. Keep system 5' from foundation of home, 10' from all property lines, and 50 from any well. Drainfield approx. 250' from home. install cleanouts in supply line from tank. 100% Repair Area below system. conventional, gravity fed.

Comments: 100% Repair below system, conventional, gravity fed.

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS INITIAL 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: X Brian Pope

Improvement Permit by: Michael J. Dennis date 11-1-93

Existing System Inspection by: date

Installed by: Tommy Cothcraft

Certificate of Completion by: Michael J. Dennis date 2-3-94

Operation Permit by: date

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