4627924703

IREDELL COUNTY HEALTH DEPARTMENT

AUTHORIZATION TO CONSTRUCT

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

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

PROPERTY DESCRIPTION NO. 067168 DATE 6/26/97 TAX MAP NO. 4627912791 Watershed ☑ Yes ☐ No

OWNER OR CONTRACTOR JONATHAN HESS PHONE: Business _____ Home 892-5518

ADDRESS 2531-25 CROSSPOINT CIRCLE MATHEWS NC 28105

LOCATION BRAWLEY SCHOOL - TR BLUME RD - TL BEATEN PATH - TL DOBBIN COURT - 3RD LOT ON RT

SUBDIVISION SHAVENDER BLUFF BLOCK / SECTION _____ LOT 143 LOT AREA .72AC SITE CLASS. PS DESIGN FLOW 450 GPD L.T.A.R. 3 GPD/FT

Septic Tank: 1000 Gallons; STB 794 Date 10/14/97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1260 Linear Feet 420

No Lines 6 @ 70' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAVITY CHAMBERED

Repair System Description: PUMP/GRAVITY PANEL

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees _____

☐ Other _____

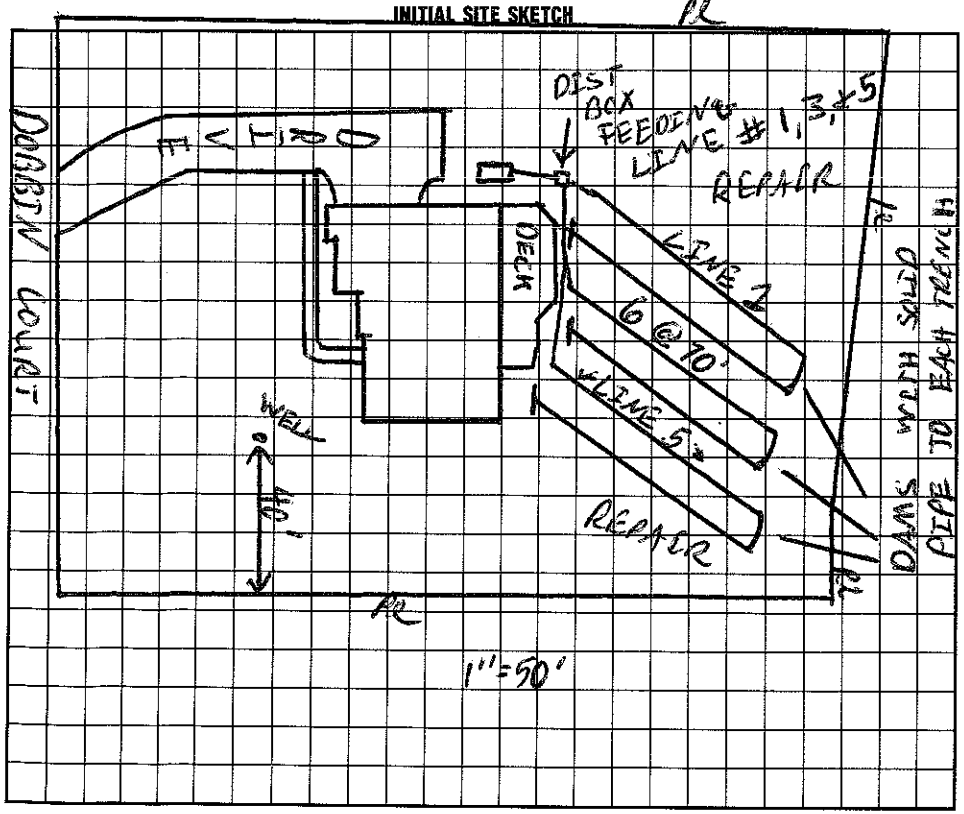
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

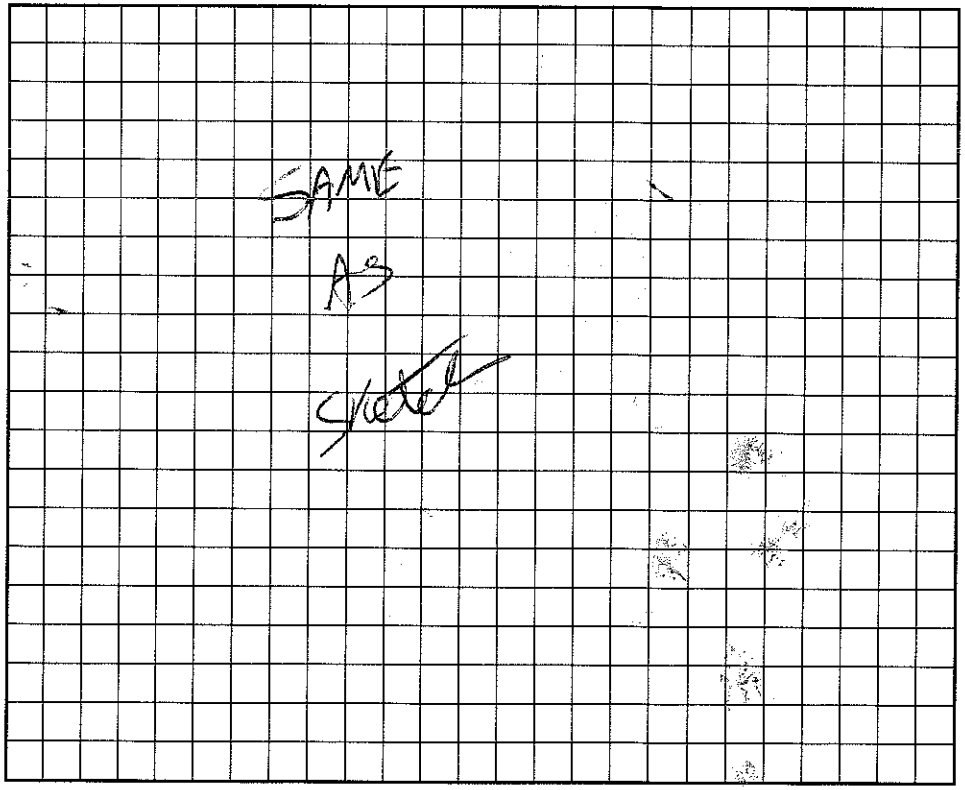
Comments: LOT CANNOT BE GRADED TO KEEP SYSTEM GRAVITY FED. IF LOT IS GRADED IN SEPTIC AREA - A PUMP SYSTEM WILL HAVE TO BE INSTALLED.

Comments:

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: Jonathan Hess

Improvement Permit by: _____ date 6/26/97

Existing System Inspection by: _____ date 6/26/97

Installed by: Curt Dunning

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 1/14/98

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