4627933462

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. 24547 DATE 8-17-96 TAX MAP NO. 2L-A-13 (PART) Watershed ☐ WS ☐ CPCA

OWNER OR CONTRACTOR HOME VENTURE PHONE: Business Home 376-7600

ADDRESS P.O. BOX 37174, CHARLOTTE, NC

LOCATION BRAWLEY SCHOOL RD, TR BLUME RD, TL BEATEN PATH RD, 3RD LOT ON LEFT PAST CHRISTY LANE

SUBDIVISION SHAVENDER'S BLUFF BLOCK / SECTION I-B LOT 31 LOT AREA 0.6912 ACRE SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.306 GPD/FT²

Septic Tank: 1000 Gallons; STB 97 Date 4/21/98

Pump Tank: 1000 Gallons; PT 71 Date 4/21/98

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ. TO 1440 Linear Feet 400+

No Lines SIX Trench Width 36" Max Trench Bottom Depth 24-36" Gravel Depth N/A

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

System Description: CHAMBERED, PUMP-FED

Repair System Description: PEPE, PUMP-FED

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other _____

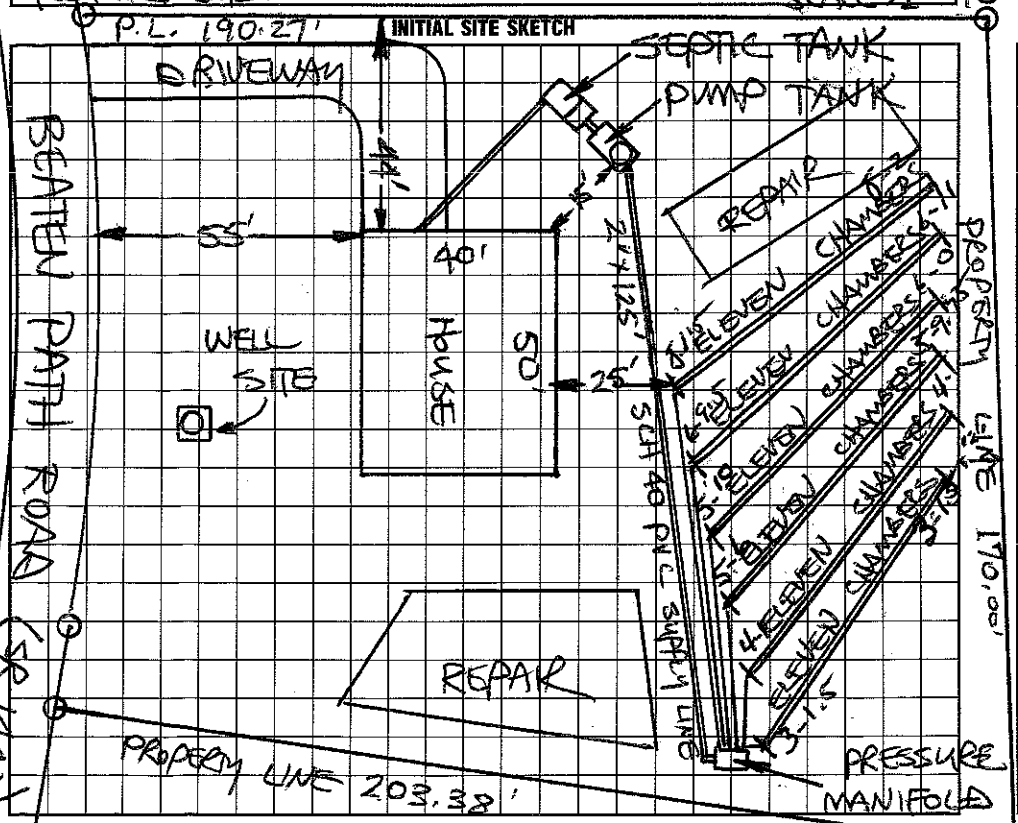
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Comments: ① INSTALL 66 CHAMBERS IN SIX EQUAL LENGTH LINES ON CONTOUR ② KEEP SYSTEM MINIMUM 100' FROM WELL ③ SEE ATTACHED SHEETS FOR PUMP & PRESSURE MANIFOLD REQUIREMENTS.

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.

AUTH. TO CONST. IS VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE I.P. NOT TO EXCEED FIVE YEARS. I.P. W/ SITE PLAN IS VALID FOR FIVE YEARS

Signed: Home Venture Corporation By Jay E. Lawrence Installed by: WT Norwood

Improvement Permit by: STEVE HERRICK date 8-17-96 Certificate of Completion by: _____ date _____

AUTHORIZATION TO CONSTRUCT

Existing System Inspection by: STEVE HERRICK date 8-17-96 Operation Permit by: Wesley Sparks R.S. date 5/12/00

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