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. 12623 DATE Sept. 23, '93 TAX MAP NO. ~~24 11 07~~ 4645162099

OWNER OR CONTRACTOR Ray Campbell Jr. PHONE: Business _____ Home _____

ADDRESS Rt 2, Box 1637, Mooresville, NC

LOCATION 215 x I-77 TL 1206 TR 1108 Bear left Camino Road 1/4 mile TL @ D/D "Gate on Right

SUBDIVISION "the Cove" BLOCK / SECTION _____ LOT 4 LOT AREA 1 Ac + SITE CLASS. PS pr. 1936 L.T.A.R. .35

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1500 Gallons; STB _____ Date _____

Pump Tank: 1500 Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 1350 Linear Feet 450

No Lines 6 Trench Width 36" Trench Depth 24"-36" Gravel Depth 12"

☐ New System ☐ Repair System Type: I, II, II, (V), V, VI

System Description: LP conventional

Repair System Description: LP PSBPS

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

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

Garbage Disposal: ☑ Yes ☐ No

Auto. Dishwasher: ☑ Yes ☐ No

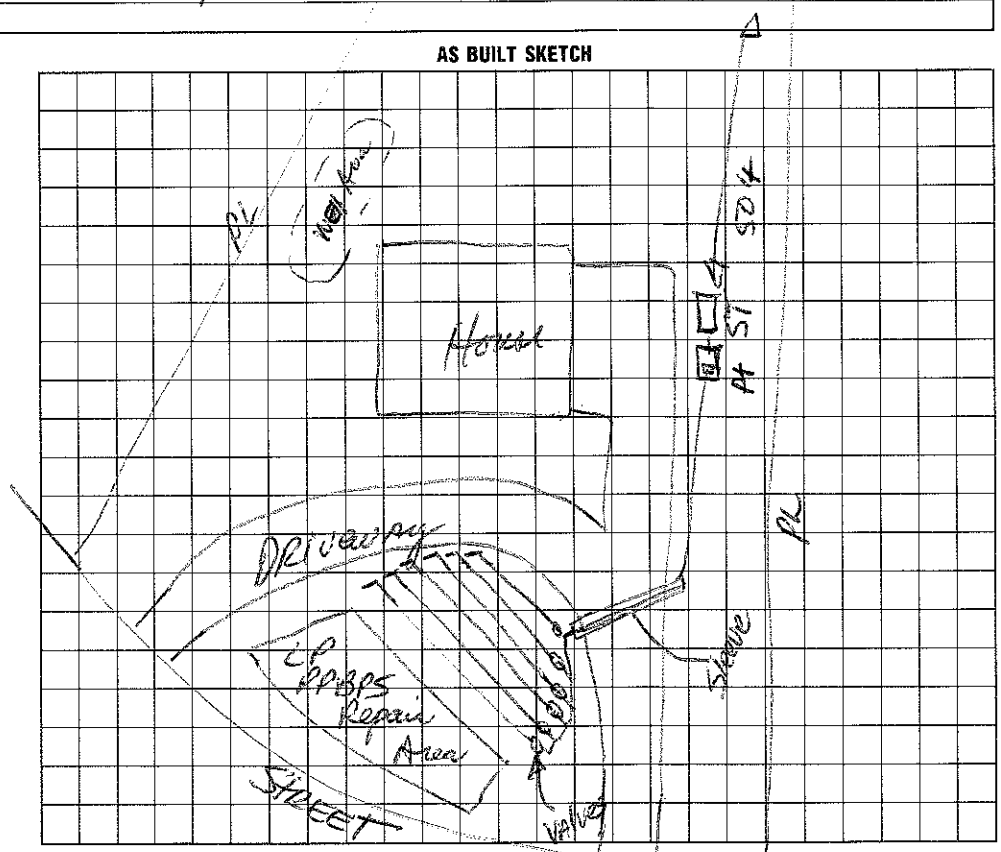
Auto. Washing Machine: ☑ Yes ☐ No

Other _____

Comments System installed 4/13/93; Maintenance agreement received 9/23/93

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: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: Denver Plumbing (Kevin Coffey)

Certificate of Completion by: _____ date _____

Operation Permit by: [signature] date 9/23/93

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

12623

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Roy Campbell Jr. DATE Oct. 11, '91 PERMIT NO. 24-11-04

PHONE: Business _____ Home _____

LOCATION 215, X I77 TL 1206 (Alcove) TR 1108 (Templeton) Bear left on 1181 (Camino Real) ~¼ mile TL at "D/D" Gate on Right S. R. No. _____

SUBDIVISION NAME "The Cove" LOT NO. 4 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 4

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes (✓) No ( )

Lot Area 1 Ac+

Character & Porosity of Soil area of drainfield fsm ps clay

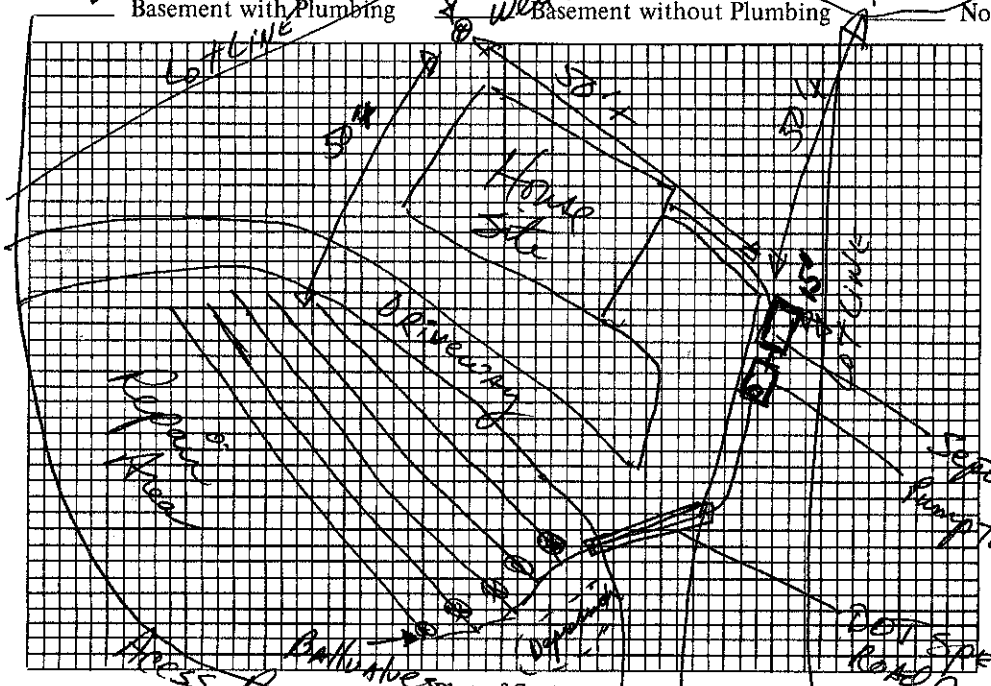
Percolation Rate w.35

Topography 4-8%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Septic / Pump

Size of Tank 1500 / 1500 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 1350 Linear Ft. 450

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: James G. Campbell

IMPROVEMENTS PERMIT BY David R. Hinson, RS.

COMMENTS: follow contour. 36 max. trench bottom depth. Pressure dosed conventional trench. 2" sch 40 pump line, 1½" ball valves, 1½" sch 40 laterals w/ ONE 5/32" hole every 5 feet, 2' pressure head. Pump specs: 37 gal/min. at approx. 24' total head.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold