IREDELL COUNTY HEALTH DEPARTMENT

4648-34-2032 (4-00) 3:00

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

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

PROPERTY DESCRIPTION NO. 23022 DATE 1-27-96 TAX MAP NO. 2P-6-B-34 Watershed 4 Ck: No

OWNER OR CONTRACTOR K. B. HOMES PHONE: Business 514-3539 Home 896-3539

ADDRESS 21303 NAUTIQUE BLVD, #201 DAVIDSON NC 28036

LOCATION NC 150 W, TR BLUE FIELD, TL BIG INDIAN LOOP; BEAR (R), LOT #34 ~ HALFWAY ON LEFT.

SUBDIVISION INDIAN HILL BLOCK / SECTION 3 LOT 34 LOT AREA 0.87 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 2/19/98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 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

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2½ No. Employees ____

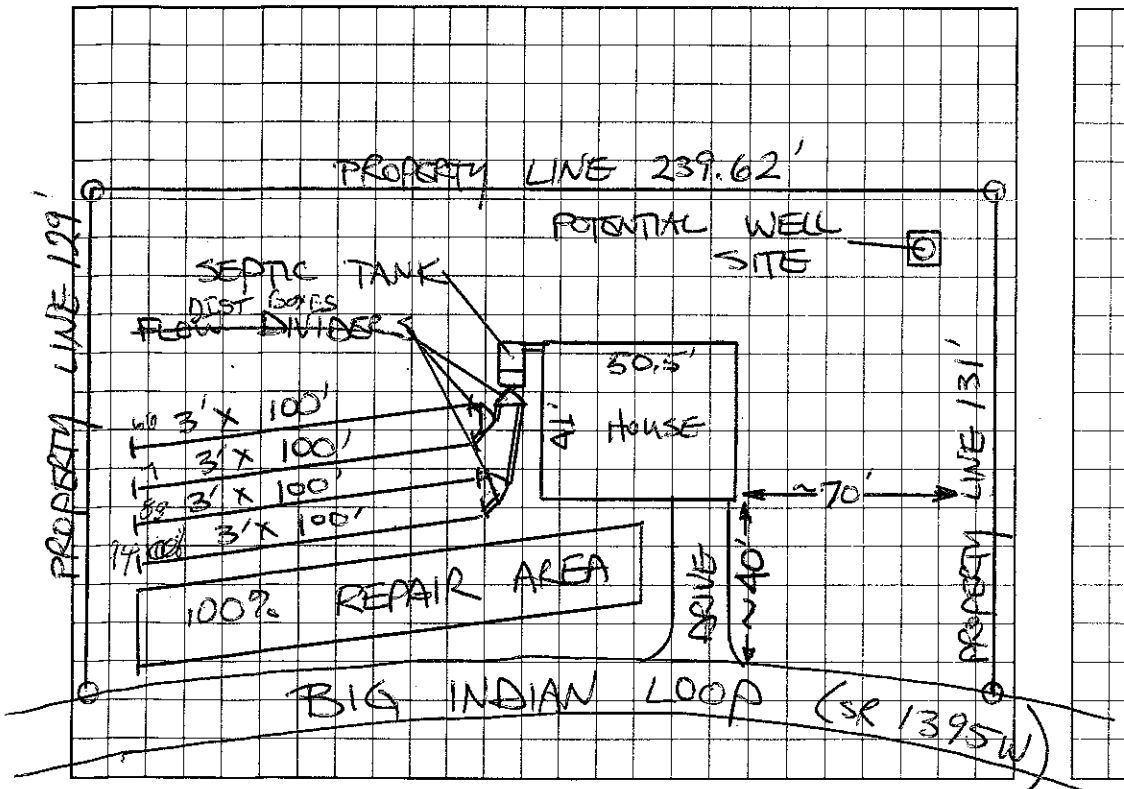
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Comments: ① KEEP SYSTEM MINIMUM 100' FROM WELL, 10' FROM PROPERTY, 5' FROM HOUSE ② USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO EACH OF FOUR 100' LINES ③ INSTALL LINES ON CONTOUR.

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.

AUTHORIZATION TO CONSTRUCT IS VALID FIVE (5) YEARS FROM DATE OF ISSUANCE. IMPROVEMENT PERMIT HAS NO EXPIRATION DATE.

Signed: X _____ Installed by: FMM.O.VS

Improvement Permit by: STEVE HEDRICK date 1-27-96 ~~Certificate of Completion by:~~ _____ date _____

AUTHORIZATION TO CONSTRUCT

Existing System Inspection by: STEVE HEDRICK date 1-27-96 Operation Permit by: C. _____ date 3/31/98

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