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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. REPAIR DATE 1-6-96 TAX MAP NO. Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Roy BUCHANAN PHONE: Business Home 663-0239

ADDRESS 364 BRUMLEY ROAD, MOORESVILLE, NC 28115

LOCATION HWY 152 EAST TR BRUMLEY ROAD, 1.0 MILE ON RIGHT AT BOX # 364

SUBDIVISION BLOCK / SECTION LOT LOT AREA AMPLE SITE CLASS. AS DESIGN FLOW ~~240~~ L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field; No Fields 1 Square Feet 600 Linear Feet 200

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: CONV. @ GRADE

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms

☑ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

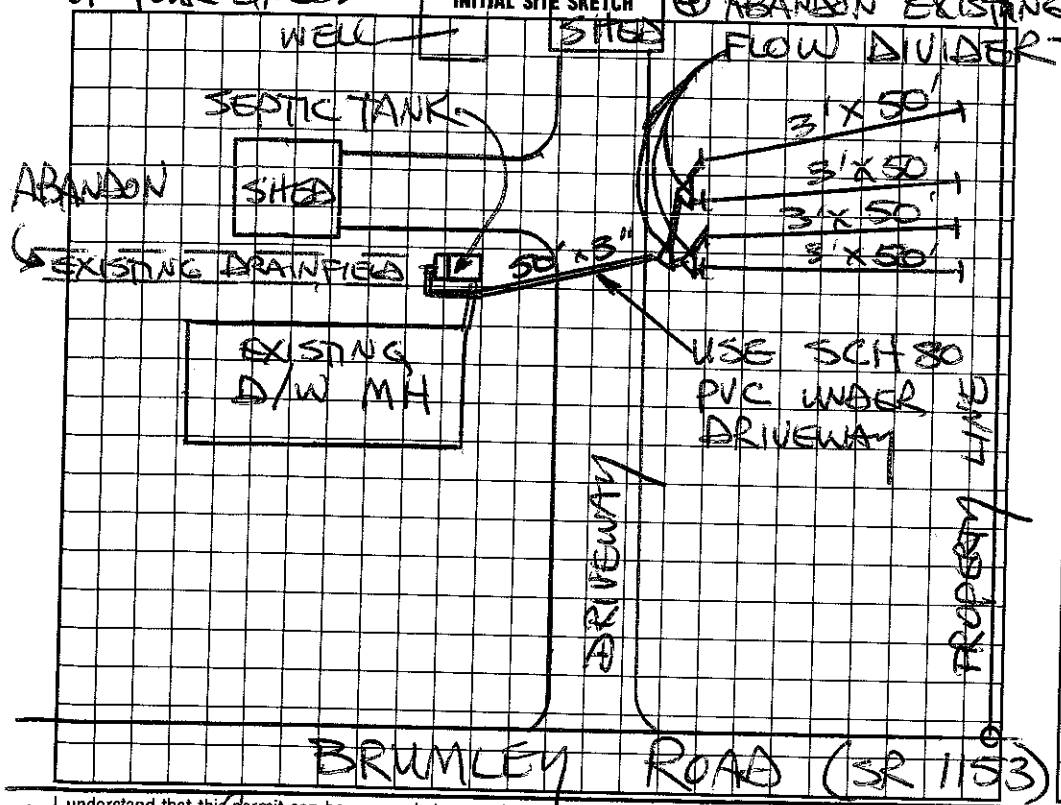
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Comments: ① PUMP OUT SEPTIC TANK REPLACE SANITARY TEES IF NECESSARY ② USE SCH 80 PVC UNDER AREAS SUBJECT TO VEHICULAR TRAFFIC ③ USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO EACH OF FOUR LINES. ④ ABANDON EXISTING DRAINFIELD

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 Roy L Buchanan Installed by: Julian Bowles

Improvement Permit by: STEVE HEDRICK date 1-6-96

AUTHORIZATION TO CONSTRUCT ~~Existing System Inspection~~ by: STEVE HEDRICK date 1-6-96

~~Certificate of Completion~~ by: date

Operation Permit by: Wesley Sparks RS date 2/29/96

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