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. 18010 (Lot 7) DATE 3-23-94 TAX MAP NO. 3N-A-7 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Larry Brown PHONE: Business _____ Home 873-0020

ADDRESS Rt. 7 Box 691, Statesville, N.C. 28677

LOCATION I40W TL old Mtn. Rd. TR Celeste-Enfola Rd TL Enfola Rd TR Carriage Rd Lot on R near end of Rd.

SUBDIVISION NA BLOCK / SECTION NA LOT 7 LOT AREA .6 Acres SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 7-21-97
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345
No Lines 4 Trench Width 36" Max Trench Bottom Depth 28" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: conventional, gravity fed
Repair System Description: PPBPS, gravity fed.
Maintenance Agreement Required: ☐ Yes ☑ No

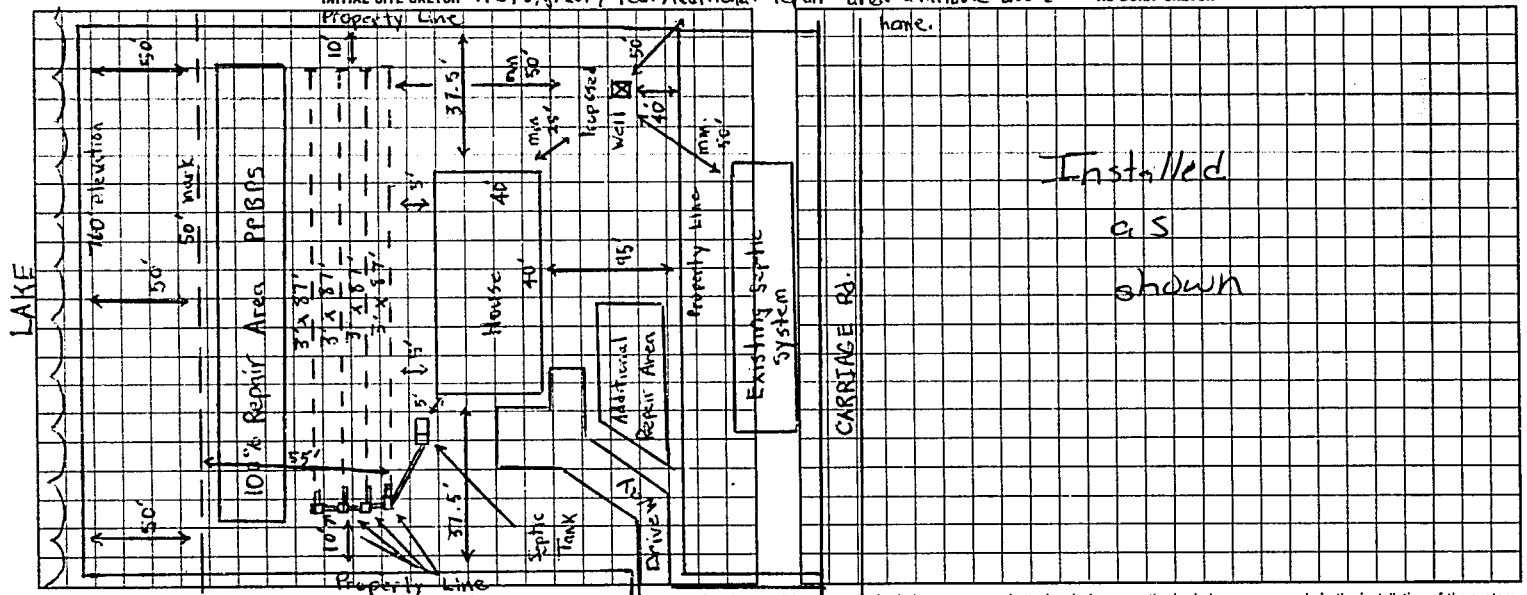
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Community
☐ Public

Comments: INSTALL SYSTEM SHALLOW (no deeper than 28" to trench bottom) Keep Nitrification Lines & Trenches on contour. Keep system 5' min from foundation of home, 10' from all property lines, 50' from any well, and 50' from 760' elevation mark. 100% Repair below system

Comments:

INITIAL SITE SKETCH PPBPS, gravity fed. Additional repair area available above 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: Larry McG Brown

Improvement Permit by: Michael W. Dennis date 3-23-94

Existing System Inspection by: ____ date ____

Authorization to Const.

Installed by: Atlantic Excavation

Certificate of Completion by: ____ date ____

Operation Permit by: Many C. Outlaw RS date 10-23-97

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

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