0065825

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. 4702782925 (PT) DATE 4-15-97 TAX MAP NO. 4702782925 (PART) Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR JEFFREY W. EADES PHONE: Business 528-9341 Home 528-6126

ADDRESS 159 AMBER LANE, STATESVILLE, NC 28677

LOCATION OLD MOUNTAIN ROAD, TR LEWIS FERRY RD TL LAMB ROAD, ON LEFT IN CURVE AT BOX #121

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.0190 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.40 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 4-2-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet Eq. to 900 Linear Feet 228+

No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: CHAMBERED GRAVITY

Repair System Description: FPBPS GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

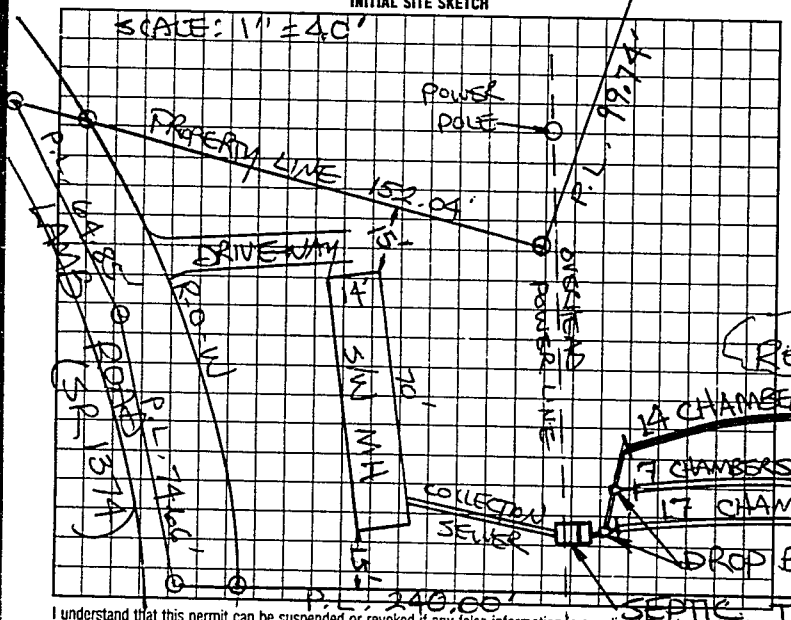
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public WELL NEXT DOOR

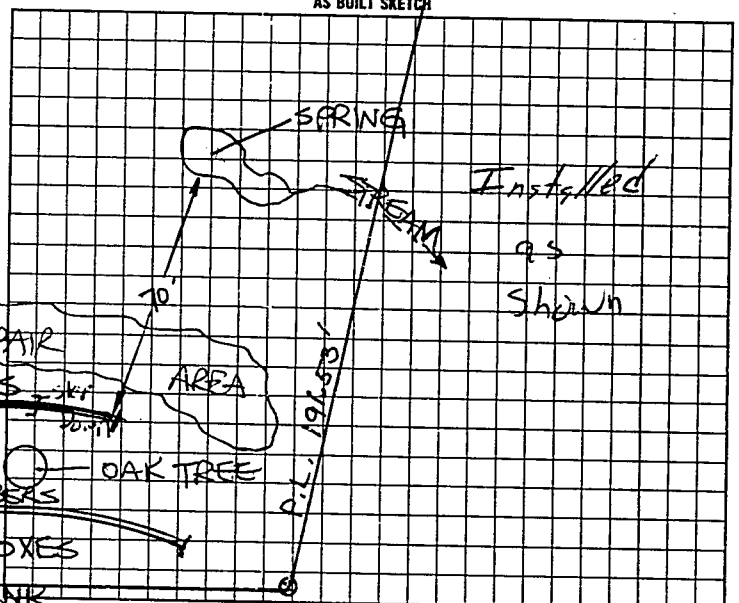
Comments: INSTALL 38 CHAMBERS IN THREE LINES AS FLAGGED ON CONTOUR.

Comments: P.L. 165.16'

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. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE.

Signed: X Sheila A. Eades

Improvement Permit by: STEVE HEDRICK date 4-16-97

AMD. TO CONST. ~~Existing System Inspection~~ by: STEVE HEDRICK date 4.15-97

Installed by: Donald Lackey

~~Certificate of Completion by:~~ _____ date _____

Operation Permit by: Mary C. Ott RS date 5-28-97

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