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. 26376 DATE 4-3-97 TAX MAP NO. 4703 09 3538 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR PETER VUE // JOE ALEXANDER PHONE: Business Home 459-2548

ADDRESS ~~121 Hwy 64/90~~ 3550 SMITHFIELD DRIVE, CONOVER, NC. 28613

LOCATION I-40 W, TR D.M.R, TL MT. HERMAN CH. RD TO END, CONTINUE ACCESS TO WING DRIVE, TO END

SUBDIVISION BLOCK / SECTION LOT LOT AREA 14 ACRES SITE CLASS. B DESIGN FLOW 490 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 3-21-97

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields I Square Feet 1440 Linear Feet 480

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 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 No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other (2) SEVEN PERSONS

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

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

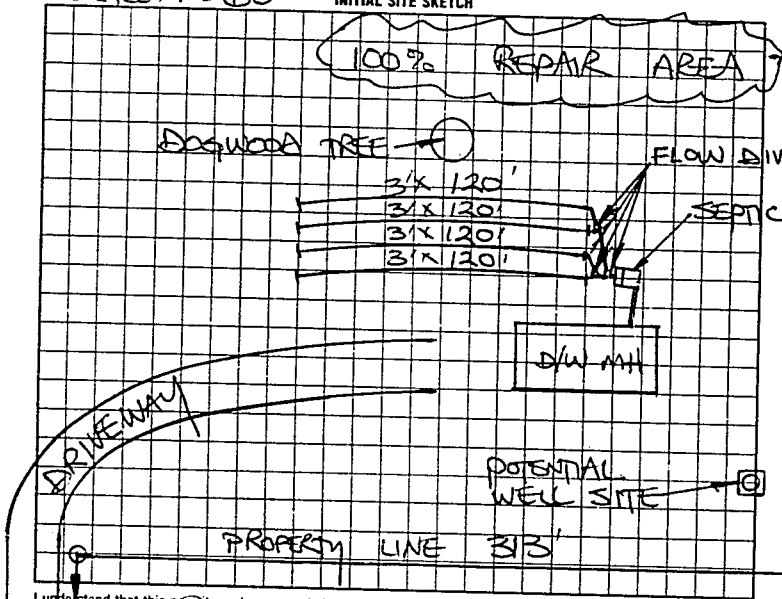
Comments: ① KEEP SYSTEM MINIMUM 100' FROM WELL ② USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO EACH OF FOUR 3'X120' LINES

Comments:

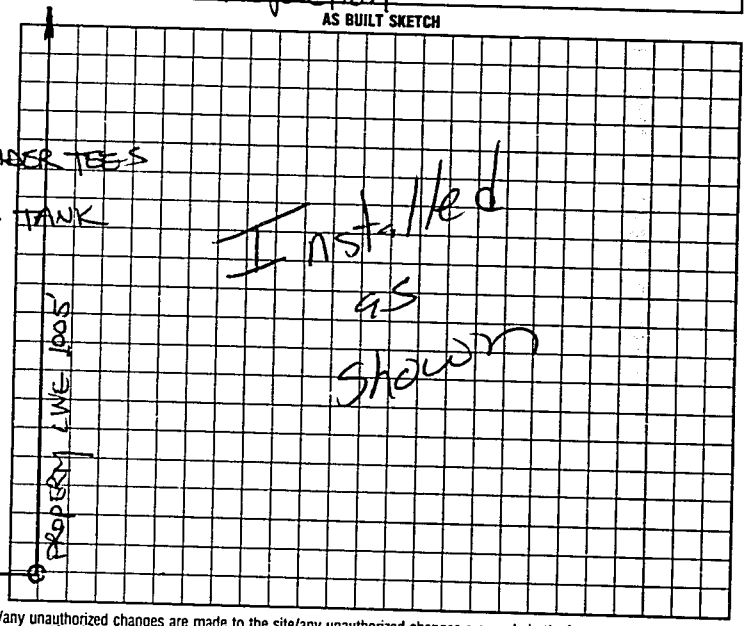
* well not installed at time of inspection

SCALE: 1" = 60'

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

Improvement Permit by: STEVE HEDRICK date 4-3-97

AUTH. TO CONST.

~~Existing System Inspection~~ by: STEVE HEDRICK date 4-3-97

Installed by: A-1

~~Certificate of Completion by:~~ date

Operation Permit by: Mark C. Ortes date 5-2-97

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