David & Phyliss Smith

61943

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. 22474 DATE 11-16-95 TAX MAP NO. 8M-9-A-21 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR ERNEST H. PUNGE PHONE: Business _____ Home 872-6695

ADDRESS 374 LONG ISLAND RD, STATESVILLE NC 28677

LOCATION I-40 W, TR OLD MOUNTAIN ROAD TR CONIFER DRIVE, 6TH LOT ON RIGHT PAST PINE BARK CIRCLE

SUBDIVISION PINE RIDGE EST. BLOCK / SECTION _____ LOT 21 LOT AREA 0.915 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 9-7-96

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: CONVENTIONAL GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

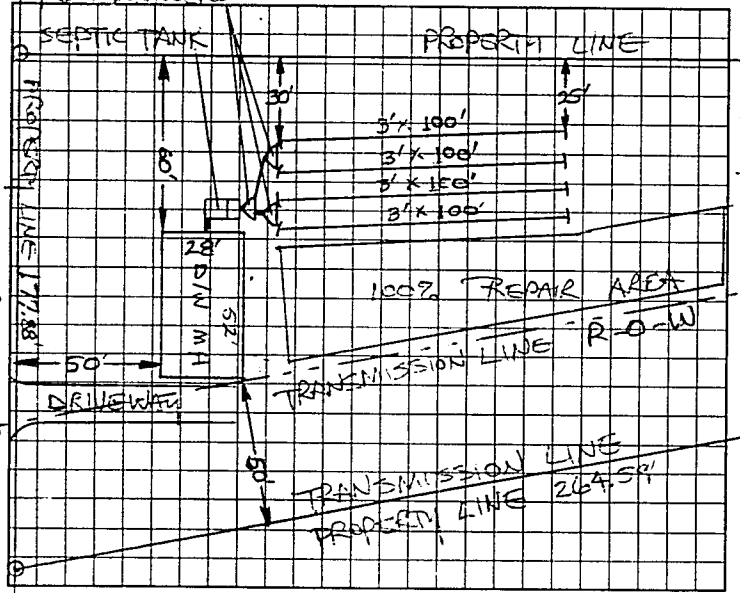
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

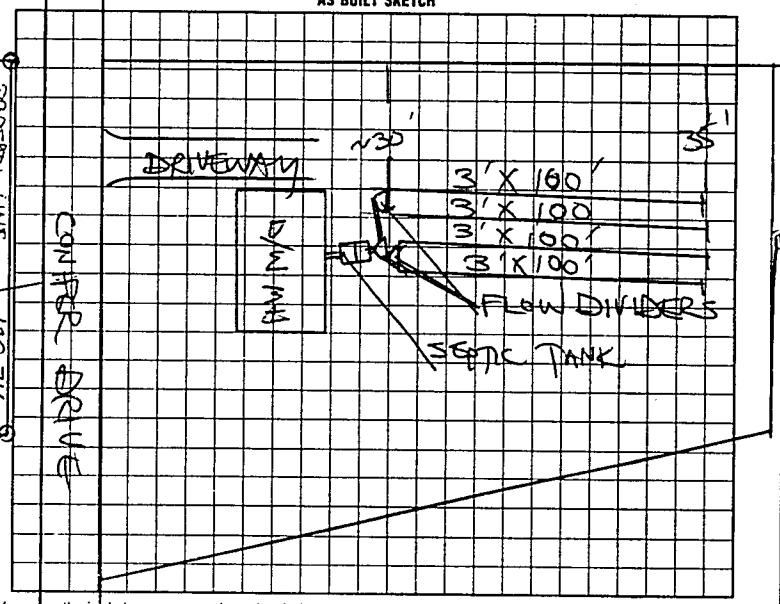
Comments: ① USE THREE FLOW DIVIDER TEES TO SPLIT EFFLUENT INTO FOUR LINES ACHIEVING EQUAL DISTRIBUTION ② INSTALL LINES ON CONTOUR AS SHOWN, NO DEEPER THAN 36", 9' MINIMUM APART ON CENTERS

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: _____

Improvement Permit by: STEVE HEDRICK date 11-16-95

AUTHORIZATION TO CONSTRUCT STEVE HEDRICK date 4-10-96

Installed by: A-1 BACKHOE

Certificate of Completion by: _____ date _____

Operation Permit by STEVE HEDRICK date 7-22-96

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

880200