IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

58412

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 22440 DATE 11-15-95 TAX MAP NO. 8M-9-A-26 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR TODD J. MEDLIN PHONE; Business _____ Home 873-5866

ADDRESS 422 LINDSEY ST STATESVILLE NC 28677

LOCATION I-40 W, TR OLD MOUNTAIN ROAD, TR CONIFER DRIVE LOT ON (R) ACROSS FROM PINE BARK CT.

SUBDIVISION PINE RIDGE BLOCK / SECTION _____ LOT 26 LOT AREA 1.1 ACRE SITE CLASS. P3 DESIGN FLOW 360 L.T.A.R. 0.3 GPD/FT²

Septic Tank: 1000 Gallons; STB 821 Date 11-20-95

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 24" Gravel Depth 12"

☒ New System ☐ Repair System Type: (I) II, IV, V, VI

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONVENTIONAL GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

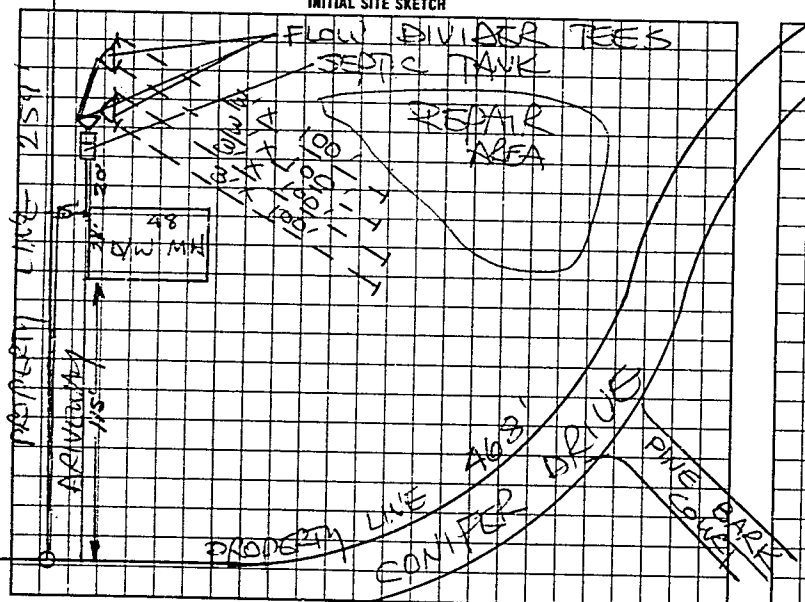
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: ① KEEP SYSTEM MINIMUM 5' FROM MH. 10' FROM PROPERTY LINE ② USE THREE FLOW DIVIDERS TO ACHIEVE EQUAL DISTRIBUTION INTO FOUR LINES ③ INSTALL LINES NO DEEPER THAN 24"

Comments: HOME NOT LOCATED AT TIME OF INSPECTION, KEEP HOME 5' FROM SYSTEM. Keep water line 10' from any part of system.

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS INITIAL 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 Todd J. Medlin

Improvement Permit by: STEVE HENRICK date 11-15-95

AUTHORIZATION TO CONSTRUCT

~~Existing System~~ Inspection by: STEVE HENRICK date 11-15-95

Installed by: G & M ENTERPRISE

Certificate of Completion by: _____ date _____

Operation Permit by: Brad Stallard / Michael J. Brown date 12-28-95

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

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