# IREDELL COUNTY HEALTH DEPARTMENT

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

22476

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

PROPERTY DESCRIPTION NO. 22476 DATE 11-20-95 TAX MAP NO. 8M-9-A-24 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR ERNEST H. RUDGE PHONE: Business _____ Home 872-6645

ADDRESS 374 LONG ISLAND ROAD STATESVILLE NC 28677

LOCATION I-40W, TR OLD MOUNTAIN ROAD, TR CONIFER DRIVE, 3RD LOT ON RIGHT

SUBDIVISION PINE RIDGE EST. BLOCK / SECTION _____ LOT 24 LOT AREA 0.715 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT2

Septic Tank: 1000 Gallons; STB 744 Date 7-2-96

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 Pumpchamber ☐ Other _____

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

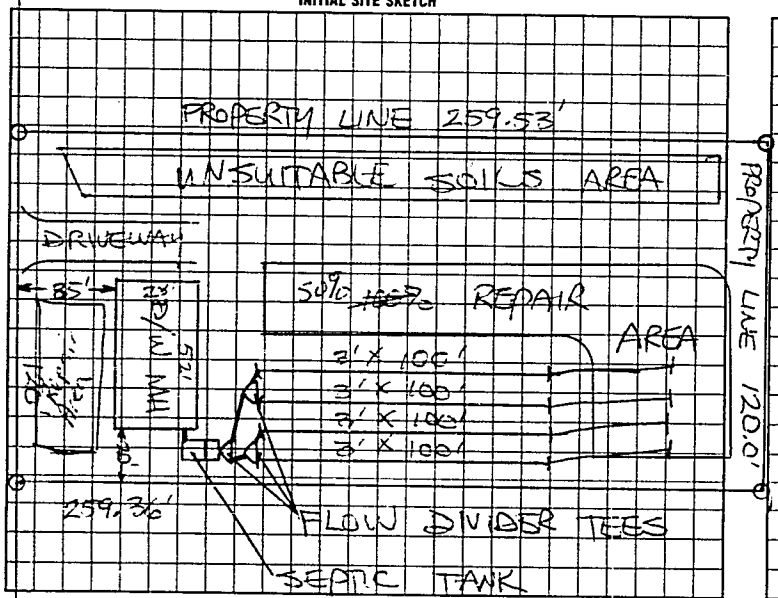
No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

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

Water Supply: ☐ Individual ☐ Community ☒ Public

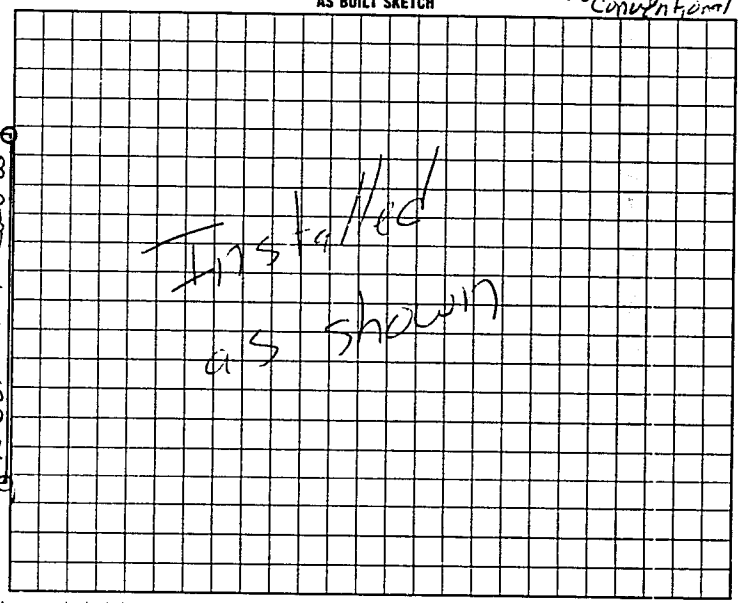
Comments: ① USE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO FOUR LINES AS SHOWN ② INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' MINIMUM APART ON CENTERS.

INITIAL SITE SKETCH




Comments: House moved back 85ft
Initial system in Repair area
Repair system - Now Pump Chamber System Conventional

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 11-20-95

Authorization to Construct ~~Existing System Inspection~~ by: STEVE HEDRICK date 4-10-96

Installed by: A-1 Backhoe

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

Operation Permit by: _____ date 11-12-96

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

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