22378

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. 22378 DATE 11-1-95 TAX MAP NO. 8M-A-69 (PART OF) Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR ERNEST H. RUNGE PHONE: Business ____ Home 872-6645

ADDRESS 374 LONG ISLAND ROAD STATESVILLE NC 28677

LOCATION I-40 W TR OLD MTN RD TR CONIFER DRIVE 3RD LT ON (R) BEFORE CUL-DE-SAC

SUBDIVISION PINE RIDGE BLOCK / SECTION ____ LOT 19 LOT AREA 0.717 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.356PD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 3/18/96

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

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 ☑ Mobile Home ☐ Business ☐ Other

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

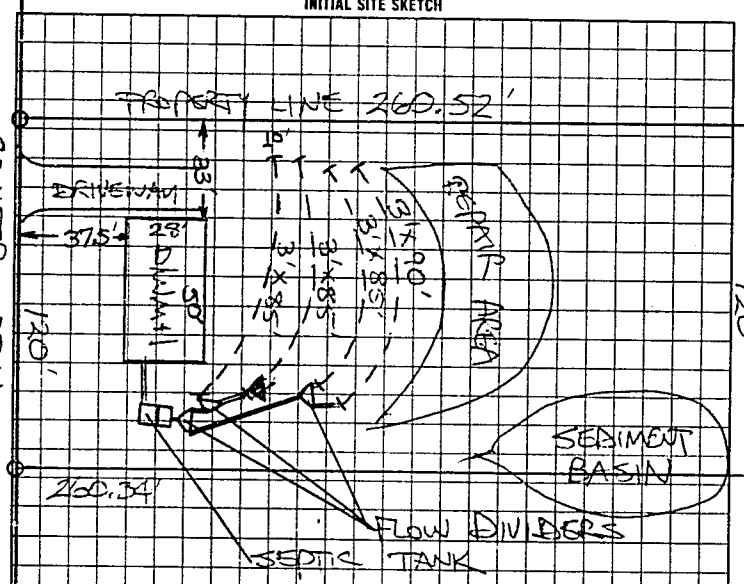
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: ① KEEP SYSTEM MINIMUM 5' FROM MH, 10' FROM PROPERTY LINE & 15' FROM DRAINAGE DITCH ② USE THREE FLOW DIVIDERS TO SPLIT EFFLUENT INTO FOUR DRAIN LINES TO ACHIEVE EQUAL DISTRIBUTION

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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.

Signed ____

Improvement Permit by: STEVE HEDRICK date 11-1-95

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

Installed by: FORREST SHUFFORD

~~Certificate of Completion~~ by: ____ date ____

Operation Permit by STEVE HEDRICK date 6-18-96

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

IMPROVEMENT PERMIT HAS NO EXPIRATION DATE

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