IREDELL COUNTY HEALTH DEPARTMENT

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

22472

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

PROPERTY DESCRIPTION NO. 22472 DATE 1-16-95 TAX MAP NO. 8M-9-A-12 Watershed: ☐ Yes ☑ No

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

ADDRESS 374 LONG ISLAND RD, STATESVILLE NC 28677

LOCATION I-40 W, TR OLD MOUNTAIN RD, TR CONIFER DR, 3RD LOT ON LEFT PAST PINE BARK COURT

SUBDIVISION PINE RIDGE EST. BLOCK / SECTION ____ LOT 12 LOT AREA 0.623 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT2

Septic Tank: 1000 Gallons; STB 1012 Date 9-30-97

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ~~EQUINOX~~ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ~~TO~~ 1035 Linear Feet ~358

No Lines 6 Trench Width 36" Max Trench Bottom Depth 24-36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: CHAMBERED GRAVITY-FED

Repair System Description: PUMP CONVENTIONAL

Maintenance Agreement Required: ☐ Yes ☑ No

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

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

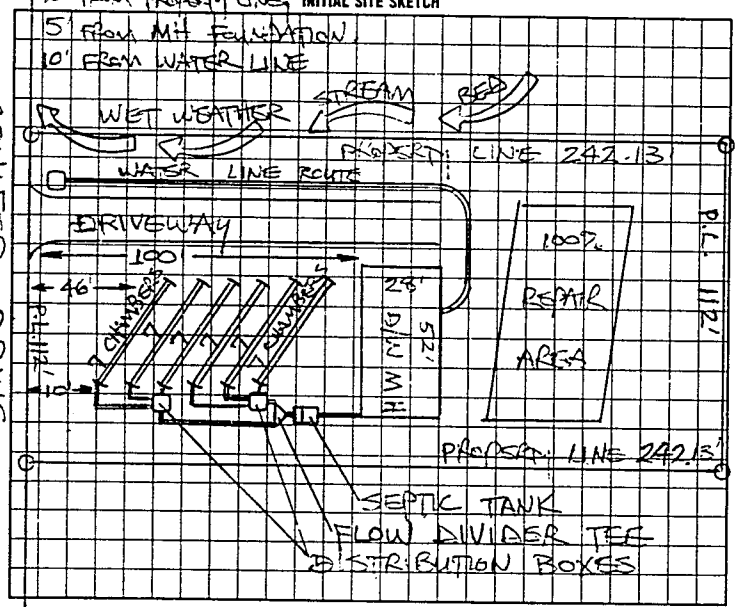
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

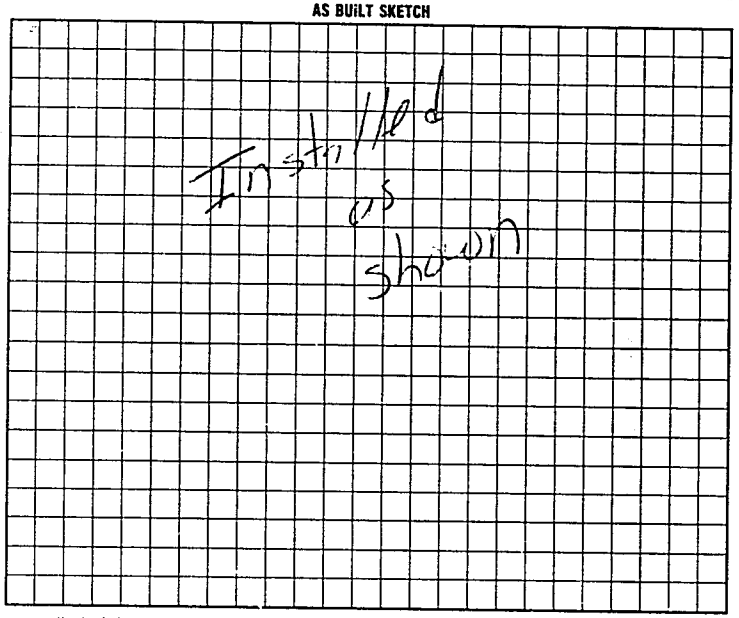
Comments: ① INSTALL 42 CHAMBERS IN SIX FOUR LINES OF 7 CHAMBERS EACH ② USE ONE FLOW DIVIDER TEE TO SPLIT EFFLUENT INTO TWO DISTRIBUTION BOXES FEEDING THREE LINES EACH ③ KEEP SYSTEM MINIMUM 50' FROM STREAM.

Comments: Check Tank 1-16-97

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 FOR FIVE (5) YEARS FROM DATE OF ISSUANCE. IMPROVEMENT PERMIT HAS NO EXPIRATION DATE.

Signed: [signature]

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

~~Existing System Inspection~~ AUTHORIZATION TO CONSTRUCT by: STEVE HENDRICK date 4-10-96

Installed by: A-1 Backhoe

Certificate of Completion by: ____ date ____

Operation Permit by: [signature] date 1-17-97

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

S 10200