Patricia Lundgerg on Comp.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 58008

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

PROPERTY DESCRIPTION NO. 22270 DATE 10-13-95 TAX MAP NO. 8M-9-A-15 Watershed: ☐ Yes ☒ No

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

ADDRESS 253 CONIFER DR, STATESVILLE NC 28677

LOCATION I-40 W TR OLD MTN. RD TR CONIFER DRIVE, LOT AT END ON CUL-DE-SAC

SUBDIVISION PINE RIDGE EST BLOCK / SECTION _____ LOT 15 LOT AREA 2.3ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 9/28/95

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 18-36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

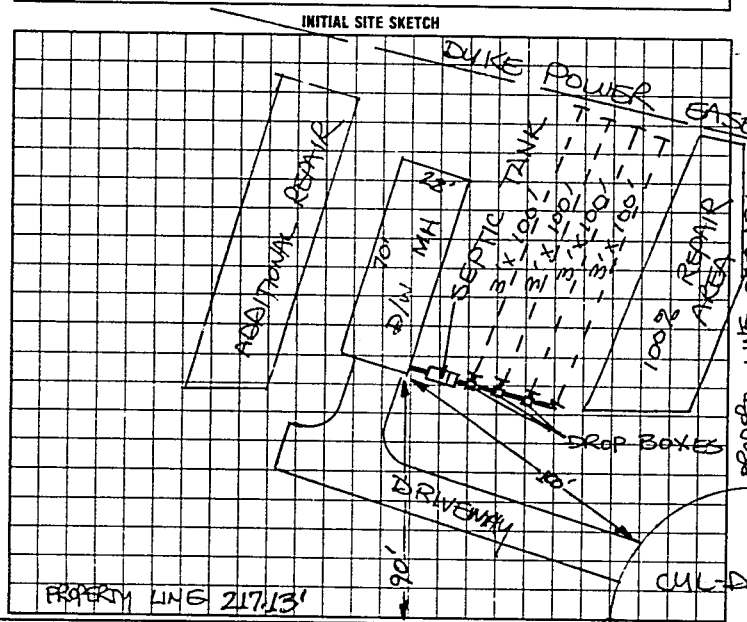
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

Comments: ① KEEP SYSTEM OUT OF DUKE POWER R-O-W ② INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' MINIMUM APART ON CENTERS.

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.

Signed: _____ Installed by: _____

Improvement Permit by: STEVE HEDRICK date 10-13-95

AUTHORIZATION TO CONSTRUCT BY: STEVE HEDRICK date 10-13-95

Certificate of Completion by: _____ date _____

Operation Permit by: STEVE HEDRICK date 12/13/95

AUTHORIZATION TO CONSTRUCT IS VALID FIVE (5) YEARS FROM DATE OF ISSUANCE.

IMPROVEMENT PERMIT HAS NO EXPIRATION DATE.

FORREST STAFFORD

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