# 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. 069963 DATE 10-30-97 TAX MAP NO. 4705-44-2518 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR JANE BARE

ADDRESS 3605 FLINT CIRCLE, STATESVILLE NC 28677 PHONE: Business 663-7023 EXT 218 Home 873-8442

LOCATION US 64 W, TL LIPPARD FARM, TR MASSEY DEAL, TR SPEAR POINT, LOT AT END ON RIGHT

SUBDIVISION [redacted] FLINT RIDGE BLOCK / SECTION II LOT 17 LOT AREA 2.802 ACRES SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.33 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 3-11-98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines SIX Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CHAMBERED PUMP

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Bathrooms 2 No. Employees ____

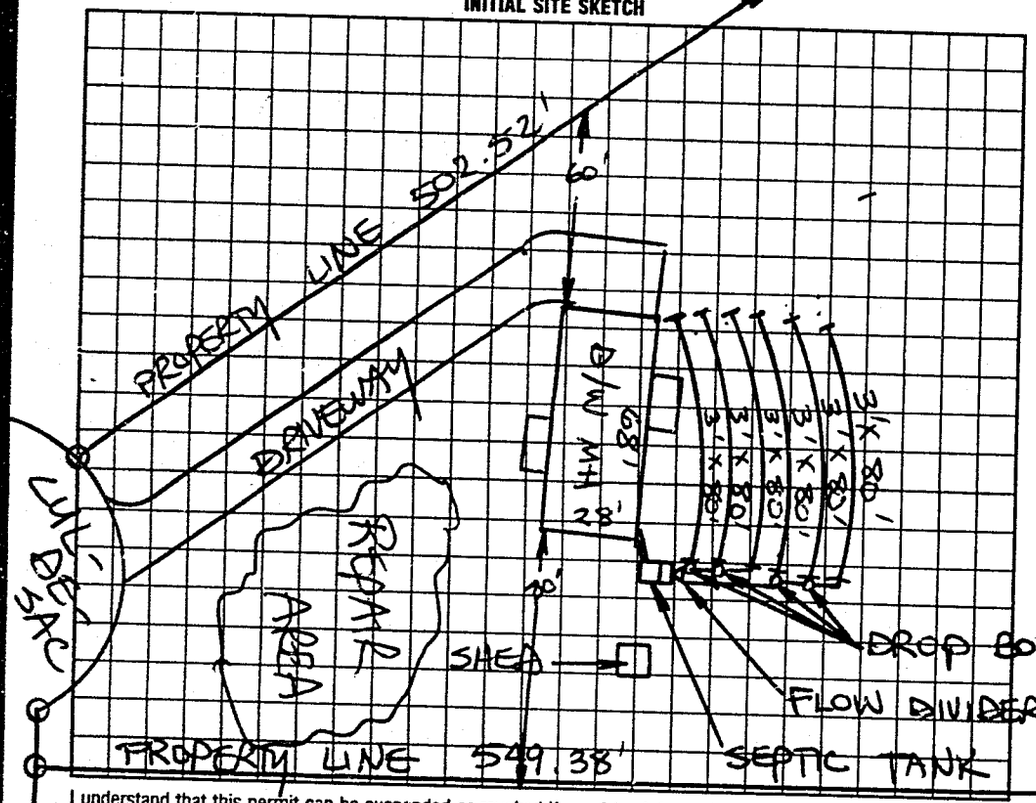
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

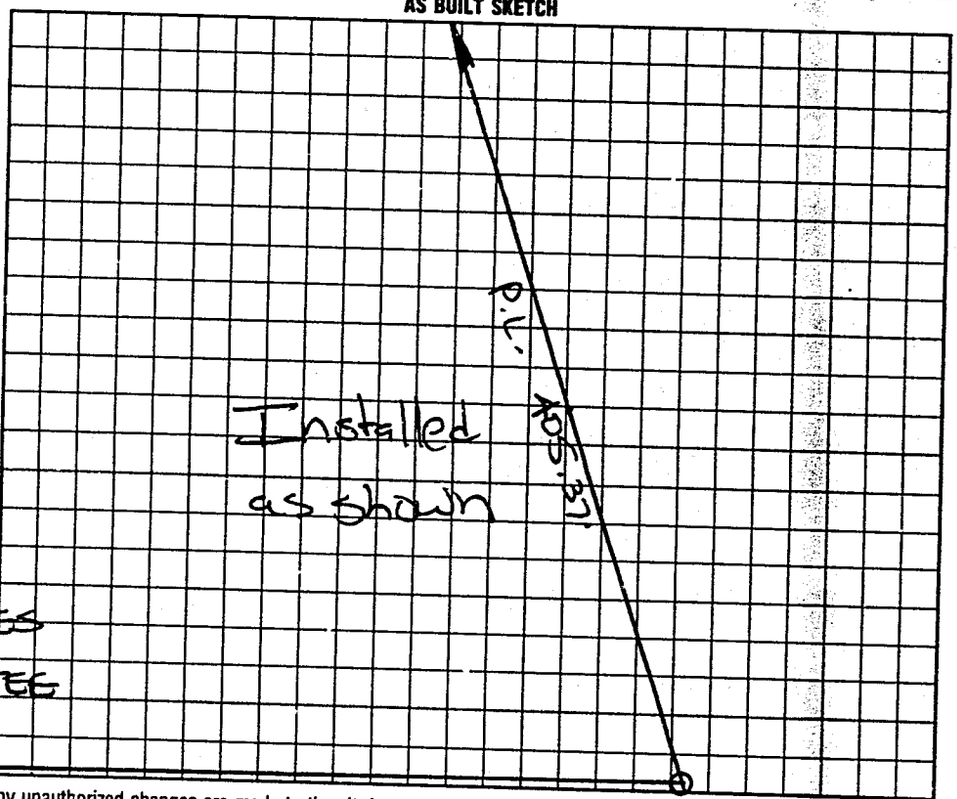
Comments: ① CONTACT HEALTH DEPT. AFTER CLEARING & PRIOR TO INSTALLATION TO FLAG-OUT SYSTEM ② SCOUR TRENCH SIDEWALLS WHERE SMEARING OCCURS

Comments:

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. Improvement Permit is valid for 60 months from date of issuance. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE.

Signed: X Joseph A. Bare

Improvement Permit by: STEVE HEDRICK date 10-30-97

AUTH-TO CONST.

Existing System Inspection by: STEVE HEDRICK date 10-30-97

Installed by: Forest Shuford

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

Operation Permit by: Mark C Oaks RS date 5-15-98

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