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. 066549 DATE 9-13-97 TAX MAP NO. 4705476919 Watershed: ☐ Yes ☒ No

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

ADDRESS 379 LONG ISLAND ROAD, STATESVILLE, NC, 28677

LOCATION US 64 W, TL LIPPARD FARM, TR HAPPY ACRES, TL TRAILWAY DR, INSIDE CURVE AT BOTTOM OF HILL

SUBDIVISION CASA GRANDE BLOCK / SECTION II LOT 29 LOT AREA 22,485 FT² SITE CLASS P3 DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 821 Date 10-23-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CHAMBERED GRAV

Maintenance Agreement Required: ☐ Yes ☒ No pump

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

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

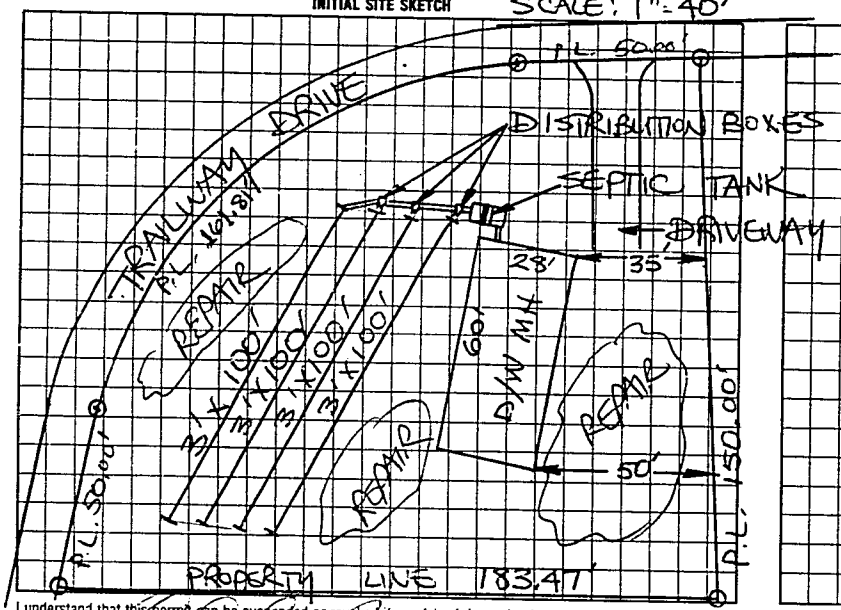
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

Comments: ① KEEP VEHICULAR TRAFFIC OFF SYSTEM
② SCOUR TRENCH SIDEWALLS WHERE SCOURING OCCURS

Comments:

INITIAL SITE SKETCH SCALE: 1"=40'



AS BUILT SKETCH

Installed as Shown

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: _____

Improvement Permit by: STEVE HEDRICK date 9-13-97

AUTH-TO CONST- ~~Existing System Inspection~~ by: STEVE HEDRICK date 9-13-97

Installed by: G+M Enterprises

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

Operation Permit by: Max C Outlaws date 10-8-97

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

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