IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 9-13-97

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 #1925 11-7-97

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

PROPERTY DESCRIPTION NO. 066550 DATE 11-7-97 TAX MAP NO. 4705 47 6919 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR ERNEST RUNGE PHONE: Business Home 872-6695

ADDRESS 374 LONG ISLAND RD STATESVILLE, NC 28677

LOCATION 4669 W TL LIPPARD FARM, TR HAPPY ACRES TL TRAILWAY DR, INSIDE CURVE AT BOTTOM OF HILL

SUBDIVISION CASA GRANDE BLOCK / SECTION II LOT 30 LOT AREA 25,248 FT² SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1100 Date 10-2-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ER 1600 Linear Feet 400+

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 6" SAND

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

System Description: CHAMBERED GRAVITY

Repair System Description: CHAMBERED GRAV/pump

Maintenance Agreement Required: ☐ Yes ☒ No

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

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

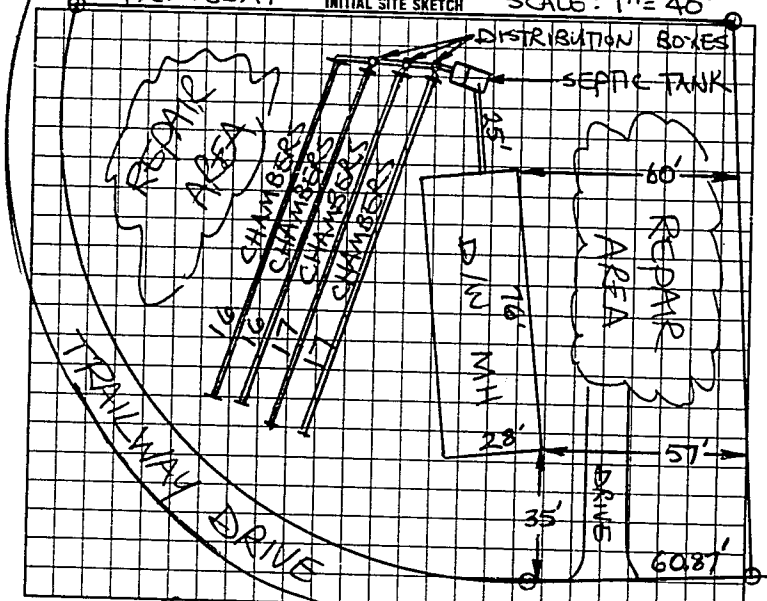
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

Comments: ① INSTALL SIXTY-SIX CHAMBERS IN FOUR LINES AS SHOWN ON CONTOUR.
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Comments:

P.L. 183.47' **INITIAL SITE SKETCH** SCALE: 1" = 40'



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. 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 11-7-97

AUTH. TO CONST. ~~Existing System Inspection~~ by: STEVE HEDRICK date 11-7-97

Installed by: HARRY ~~THREATT~~ TWEED

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

Operation Permit by: STEVE HEDRICK date 11-12-97

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

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