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. 066554 DATE 9-13-97 TAX MAP NO. 4705476919 Watershed: ☐ Yes ☒ No

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

ADDRESS 374 LONG ISLAND ROAD, STATESVILLE, NC 28677

LOCATION US 64 W, TL LIPPARD FARM, TR HAPPY ACRES, TL TRAILWAY DR, BEAR LEFT, 7TH LOT ON RIGHT

SUBDIVISION CASA GRANDE BLOCK / SECTION II LOT 34 LOT AREA 20,250 FT² SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1012 Date 8-2-98

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet Eq. to 1200 Linear Feet 300+

No Lines THREE 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: LDS OR CHAMBERED GRAVITY

Repair System Description: PPBPS PUMP FED

Maintenance Agreement Required: ☐ Yes ☒ No

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

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

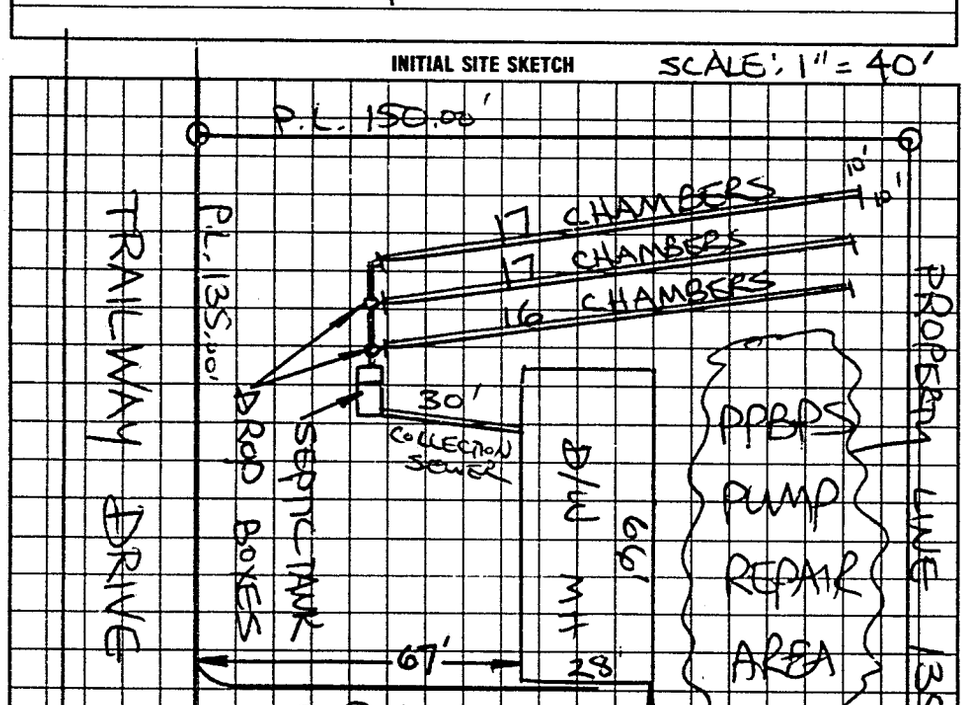
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

Comments: INSTALL FIFTY CHAMBERS IN THREE LINES ON CONTOUR AS SHOWN USING SERIAL DISTRIBUTION

Comments:

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 9-13-97

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

Installed by: A-1 BACKHOE

~~Certificate of Completion by:~~ ____ date ____

Operation Permit by: STEVE HEDRICK date 10-1-98

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