IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 5-24-97

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

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

PROPERTY DESCRIPTION NO. 066539 DATE 9-8-97 TAX MAP NO. 4705476919 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR ERNEST RUNGE (JOE PATTON) PHONE: Business 528-7129 Home 872-6645

ADDRESS 379 LONG ISLAND ROAD, STATESVILLE, NC 28677

LOCATION US 64 W, TL LAPPARD FARM RD, TR HAPPY ACRES, TL TRAILWAY DR, 7TH LOT ON LEFT

SUBDIVISION CASA GRANDE BLOCK / SECTION II LOT 6 LOT AREA 21,224 FT² SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.40 GPD/FT²

Septic Tank: 1000 Gallons; STB 821 Date 10-8-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines FIVE 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: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other

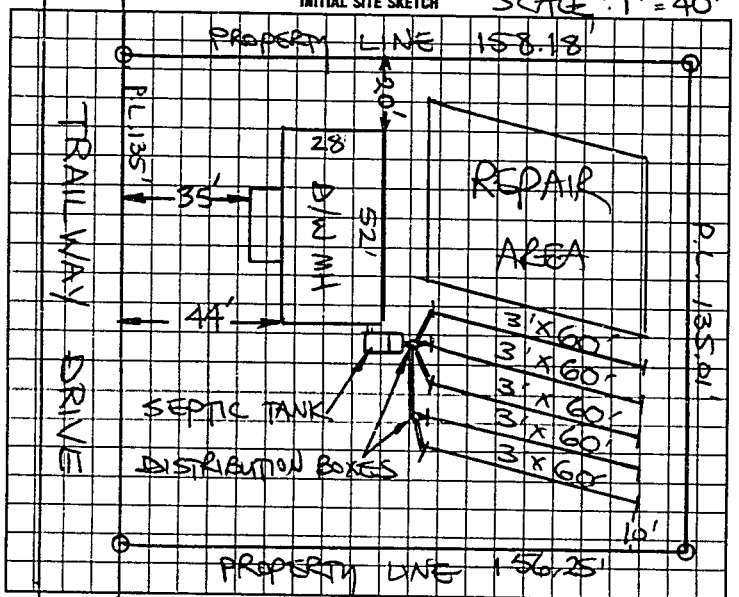
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments:

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 9-8-97

AMEND. TO CONST. Existing System Inspection by: STEVE HEDRICK date 9-8-97

Installed by: G & M Enterprises

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

Operation Permit by: _____ RS date 10-7-97

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

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