pd 125 11-10-97

# 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. 070177 DATE 11-8-97 TAX MAP NO. 4705 48 2142 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR ERNEST RUNGE PHONE: Business _____ Home 872-6045

ADDRESS 374 LONG ISLAND ROAD, STATESVILLE, NC 28677

LOCATION US 64 W, TL UPPER FARM, TR HAPPY ACRES, TL TRAILWAY, REAR (R) LOT ON (R) AT TANGENT DR

SUBDIVISION SASA GROVE BLOCK / SECTION II LOT 16 LOT AREA 20,209 ft² SITE CLASS PSI DESIGN FLOW 360 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 2 12 98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 69.1 to 1200 Linear Feet 300

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

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

System Description: CHAMBERED GRAVITY

Repair System Description: CHAMBERED GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

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

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

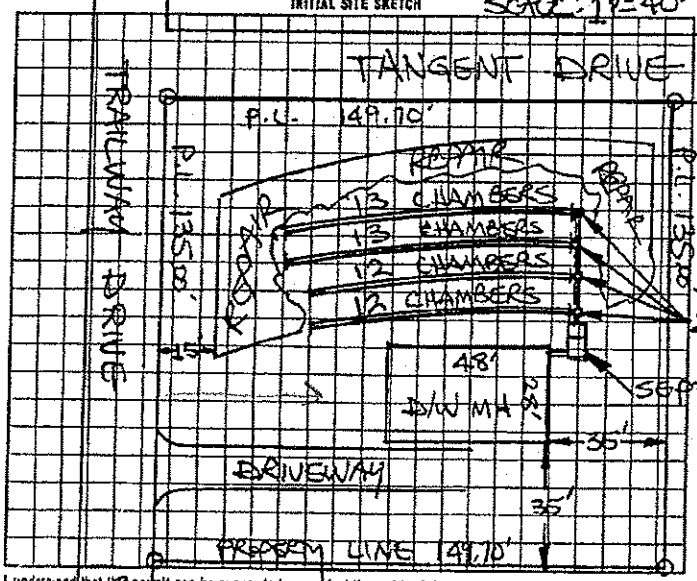
No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

Water Supply: ☐ Individual ☐ Community ☒ Public

Comments: ① INSTALL FIFTH CHAMBERS IN FOUR LINES AS SHOWN ON CONTOUR ② SCOUR TRENCH SIDEWALLS WHERE SMEARING OCCURS

Comments:

INITIAL SITE SKETCH SCALE: 1"=40'




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: _____

Improvement Permit by: STEVE HEDRICK date 11-8-97

~~Existing System Inspection~~ by: STEVE HEDRICK date 11-8-97

Installed by: Al Bklow

~~Certificate of Completion~~ by: _____ date June 15 con

Operation Permit by: _____ date _____

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

AMPL TO CONS.

35

25 15 35

150 − 65 = 85 (10 WORK WITH) − 36 = 49