IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 3-14-97

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

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

PROPERTY DESCRIPTION NO. 26160 DATE 6-7-97 TAX MAP NO. 4705587674 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 DRIVE, BEAR (R), 2ND LOT ON LEFT PAST POWER LINE

SUBDIVISION CASA GRANDE BLOCK / SECTION I LOT 24 LOT AREA 20,250 FT² SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB SCI Date 5-6-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 4 Square Feet 1200 Linear Feet 400

No Lines FOUR 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: CHAMBERED pump/GRAV.

Maintenance Agreement Required: ☐ Yes ☑ No

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

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

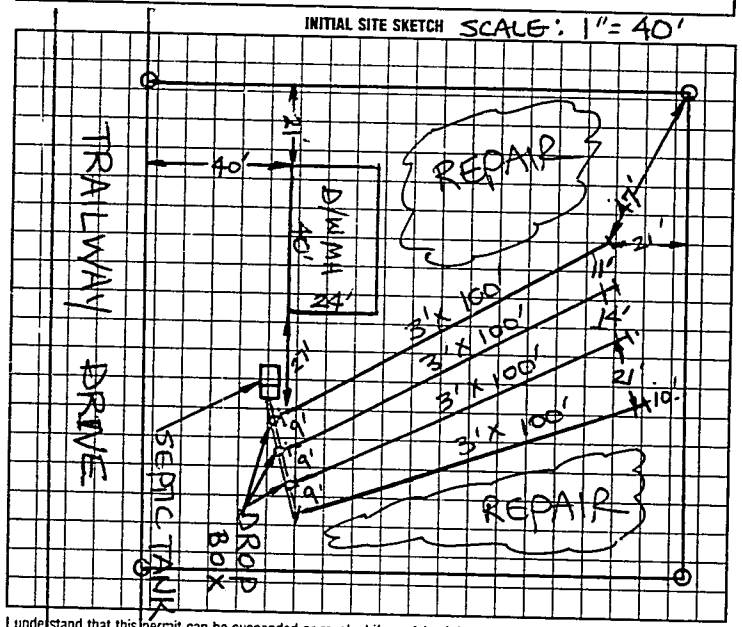
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

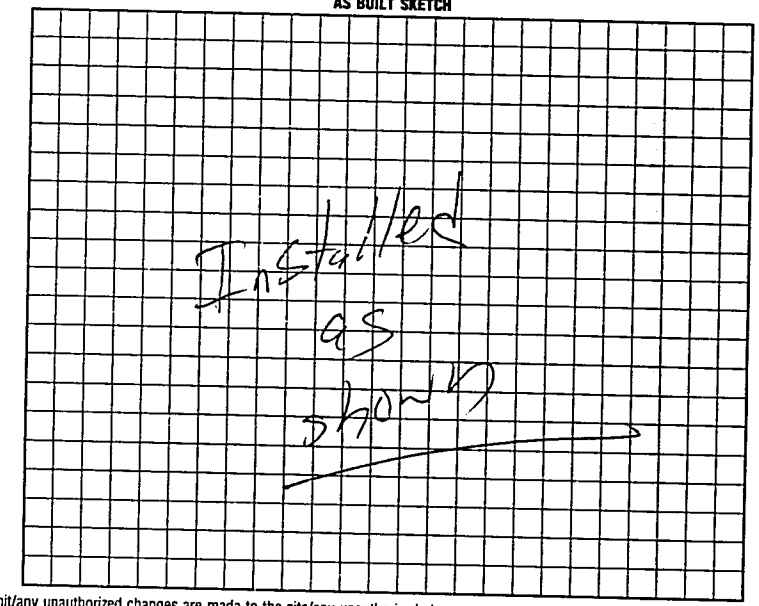
Comments:

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 6-7-97

AUTH. TO CONST.

Existing System Inspection by: STEVE HEDRICK date 6-7-97

Installed by: G+M Enterprises

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 6-10-97

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

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