57684

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. 22129 DATE 9-26-95 TAX MAP NO. 8T-A-68 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Leon Gray PHONE: Business _____ Home 873-8969

ADDRESS 311 Old Miller Rd. Statesville N.C. 28677

LOCATION I-40W TR Stamey Farm Rd Th Island Ford Rd TR [redacted]. Lippard Farm Rd TR Massey Dr Rd. lot on R after 3 DW mlt.

SUBDIVISION Forest Meadows BLOCK / SECTION — LOT 5 LOT AREA ~3/4 acre SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 8-18-95
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I ☑ II III IV V VI
System Description: conventional, gravity fed
Repair System Description: " "
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees —

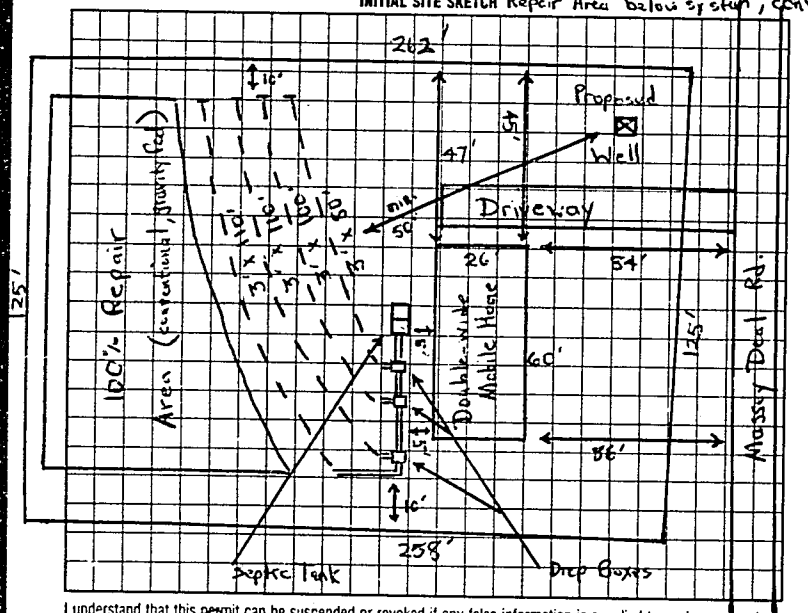
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: INSTALL SYSTEM NO DEEPER THAN 30" TO TRENCH Bottom. Keep lines and trenches on contour. Keep system min. 5' from foundation of home, 10' from all property lines, and max. feasible distance from any well and no closer than 50'. 100%

Comments: WELL LOCATION MUST MEET "SUBCHAPTER 2C, SECTION .0100 - WELL CONSTRUCTION STANDARDS"

INITIAL SITE SKETCH Repair Area below system, conventional, gravity fed.



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.

Signed: Leon Gray

Improvement Permit by: Michael G. Dennis date 9-27-95

Existing System Inspection by _____ date _____

Installed by: DALE FOX

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

Operation Permit by STEVE HEDRICK date 10-24-95

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

16000