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. 066137 DATE 5-8-97 TAX MAP NO. 4706529946 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR CATHY V. STOKES PHONE: Business Home 878-9159

ADDRESS 302-A HOLLAND DRIVE, STATESVILLE, NC 28677

LOCATION NC 90 W, TL ODELL RD, 3RD LOT ON LEFT.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.95 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.33 GPD/FT²

Septic Tank: 1000 Gallons; STB 786 Date 4-24-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

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. PUMP FED

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

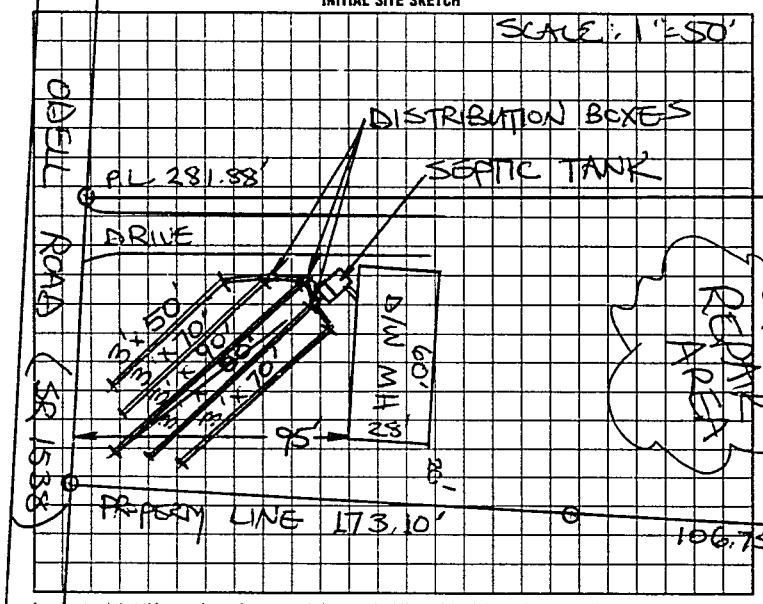
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

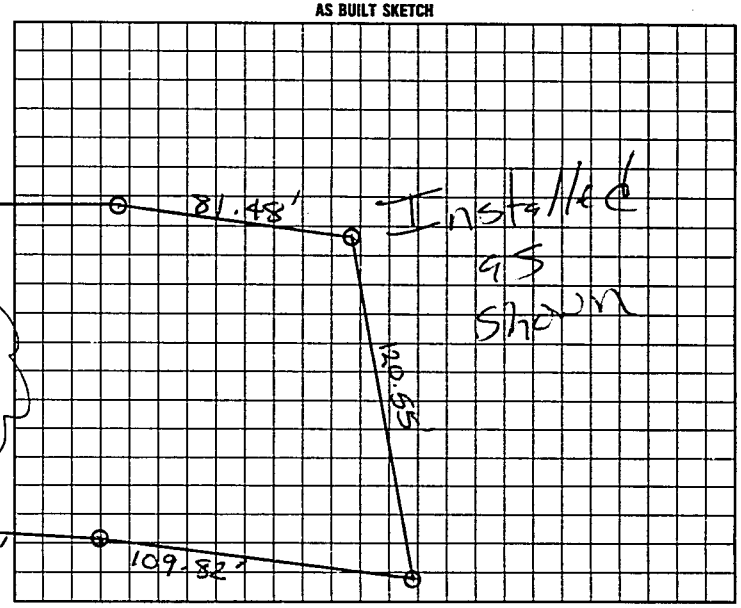
Comments: USE THREE DISTRIBUTION BOXES AT LOCATIONS SHOWN TO ACHIEVE SERIAL DISTRIBUTION.

Comments:

INITIAL SITE SKETCH



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: X Cathy V. Stokes

Improvement Permit by: STEVE HEDRICK date 5-8-97

AMPH. TO CONST.

Existing System Inspection by: STEVE HEDRICK date 5-8-97

Installed by: Carolina Septic Tank

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

Operation Permit by: Mary C. Ott RS date 6-5-97

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

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