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. 26110-[illegible] DATE 6-3-97 TAX MAP NO. 4706 94 4474 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR JAMES HENDRICKS PHONE: Business _____ Home 873-3927

ADDRESS 110 BROOKMEADE DRIVE, STATESVILLE, NC 28677

LOCATION NC 115 N TL SCOTTS CREEK RD TL DELLA LANE, LOT ON LEFT AT MOBEAL LANE,

SUBDIVISION LARKIN SLOAN BLOCK / SECTION _____ LOT 25' LOT AREA AMPLE SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.33 GPD/FT²

Septic Tank: 1000 Gallons; STB _____ Date 6

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines SIX 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

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees ____

☐ Other _____

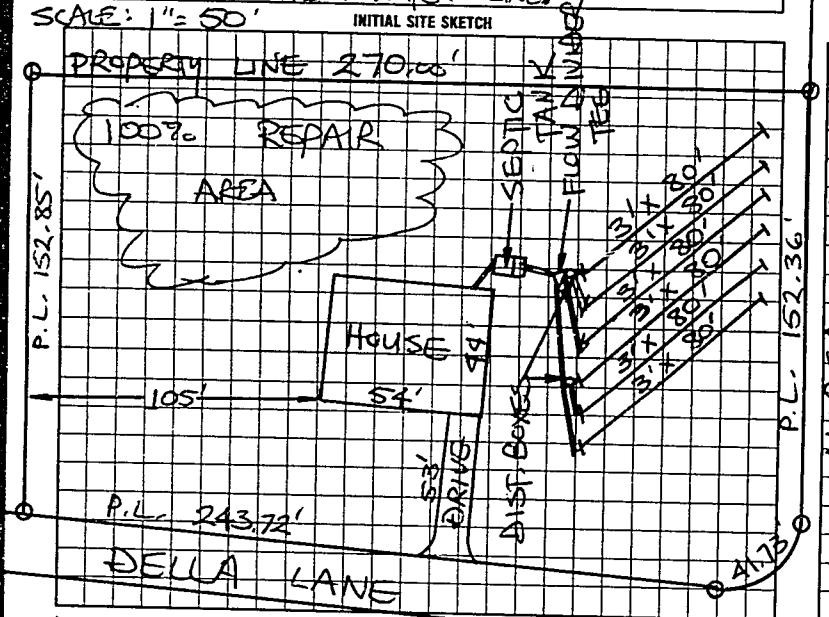
Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: USE ONE FLOW DIVIDER TEE TO ACHIEVE EQUAL DISTRIBUTION INTO TWO DISTRIBUTION BOXES FEEDING THREE LINES EACH. ② KEEP SYSTEM MINIMUM 10' FROM WATER LINE.

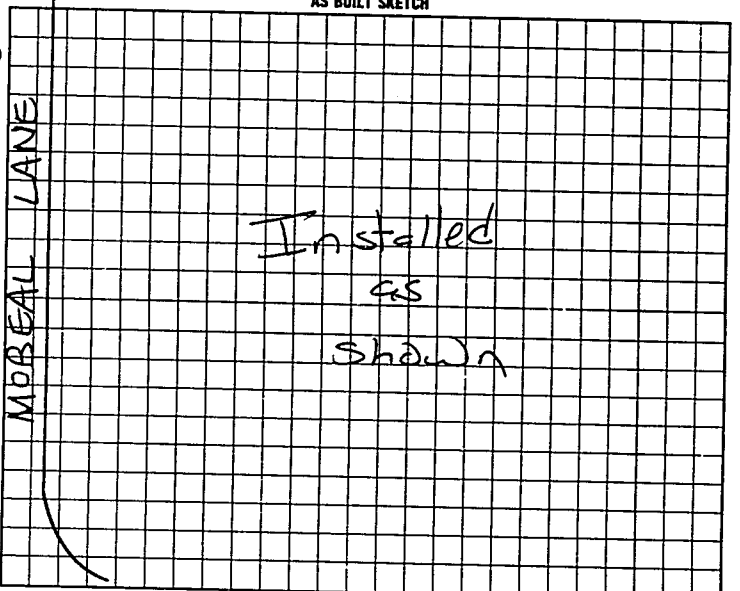
Comments: Tank sit just below Landy Rm

SCALE: 1" = 50'

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: [signature]

Improvement Permit by: STEVE HEDRICK date 6-3-97

AUTH. TO CONST.

Existing System Inspection by: STEVE HEDRICK date 6-3-97

Installed by: Curt Dunning

Certificate of Completion by: _____ date _____

Operation Permit by: [signature] date 8-19-97

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