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. 15657 DATE 12-9-93 TAX MAP NO. 3L-7A-15

OWNER OR CONTRACTOR James M. Maker PHONE: Business 483-3580 Home Watershed: ☐ Yes ☑ No

ADDRESS P.O. Box 864 Denver, N.C. 28037

LOCATION From Troutman take East Mombo Rd TR Pineville Rd TL Sunny-Path (Ridgecliff) Lot on ent on L.

SUBDIVISION Ridgecliff BLOCK / SECTION LOT 5 & pt of 6 LOT AREA ≈ 1.5 acres SITE CLASS. P.S. DESIGN FLOW 480 L.T.A.R. .4 gpd/ft²

Septic Tank: 1500 Gallons; STB 797 Date 7-1-93

Pump Tank: 1500 Gallons; PT 797 Date 7-1-93

Pump Make: Goulds Model 1 H.P. Serial No. 2116268

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 200' PPBPS

No Lines 3 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth 24" of sand

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

System Description: Pump to PPBPS

Repair System Description: Pump to PPBPS or LPP

Maintenance Agreement Required: ☑ Yes ☐ No

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

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3.5

☐ Business No. Employees —

☐ Other

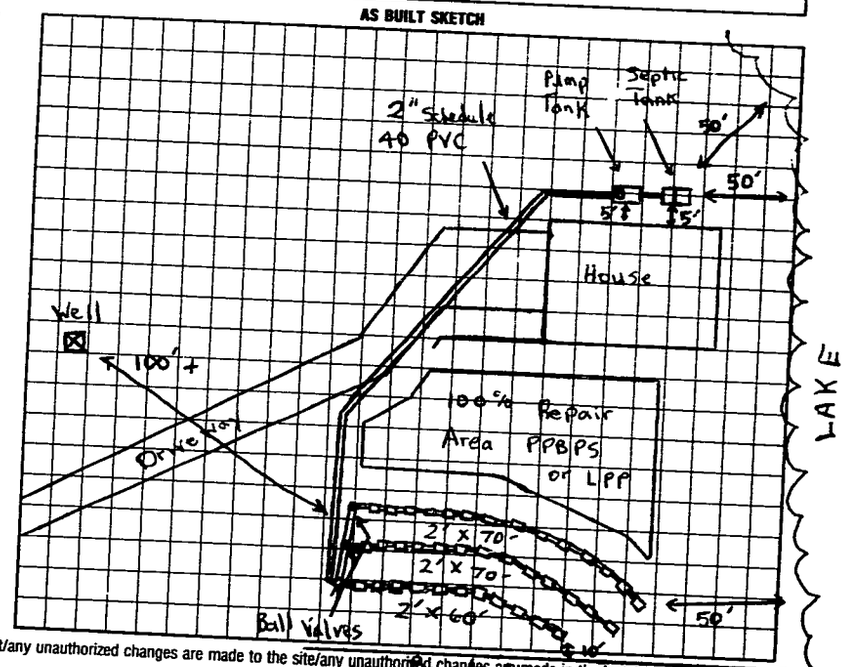
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Drain lines checked 8-26-93, Tanks checked 11-3-93. Checked floats, alarm, pressure head 12-9-93.

Comments: 100% Repair Area Below System, pump to PPBPS or LPP. Maintenance agreement required.

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.

Signed: _____

Improvement Permit by: J. C. Moore date 4-19-93

Existing System Inspection by: _____ date _____

Installed by: McCloud Const.

Certificate of Completion by: _____ date _____

Operation Permit by: Michael O. Dennis date 12-9-93

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