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 22753 DATE 2-8-96 TAX MAP NO 3Q-1-A-20 Watershed ~~IRA~~ ~~No~~

OWNER OR CONTRACTOR ANTHONY DAY PHONE: Business 873-2547 Home 528-4830

ADDRESS 1633 EUFOLA ROAD, STATESVILLE, NC 28677

LOCATION BUFFALO SHOALS RD SE, TL EUFOLA ROAD TR AMBER LANE, NEAR END ON LEFT

SUBDIVISION R.T. EIDSON BLOCK / SECTION ____ LOT 25 LOT AREA 100' X 150' SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT2

Septic Tank 1000 Gallons, STB 1012 Date 12-15-95
Pump Tank ____ Gallons, PT ____ Date ____
Pump Make ____ Model ____ Serial No ____
Nitrification Field No Fields 1 Square Feet 1035 Linear Feet 345
No Lines 5 Trench Width 36" Max Trench Bottom Depth 18-36" Gravel Depth 12"

~~New System~~ Repair System Type (I) II III IV V
System Description: CONVENTIONAL GRAVITY
Repair System Description: CHAMBERED GRAVITY
Maintenance Agreement Required Yes ~~No~~
Slab ~~Crawl Space~~ Basement w/plumbing Basement wo/plumbing

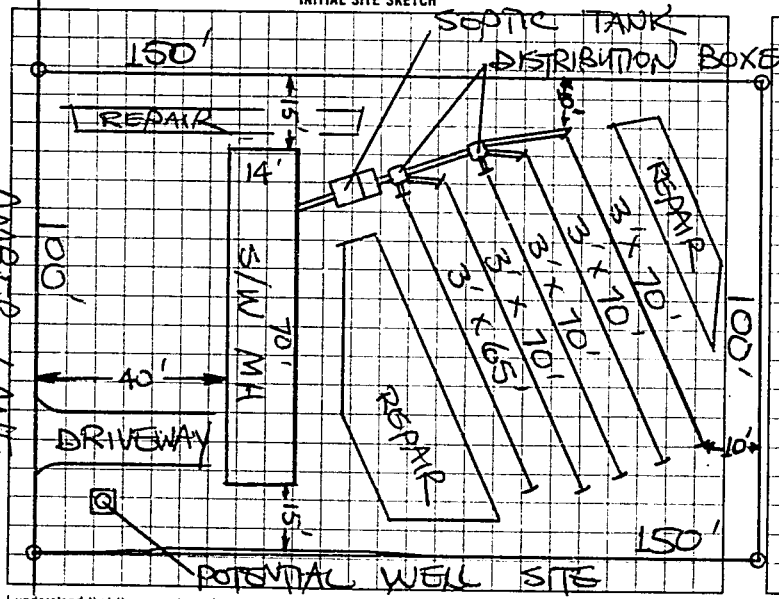
~~House/Mod Home~~ No Bedrooms 3
~~Mobile Home~~ No Bathrooms 2
Business No Employees ____
Other ____

Water Supply
~~Individual~~
Community
Public WELL

Comments: ① KEEP SYSTEM MINIMUM 80' FROM WELL (MAXIMUM FEASIBLE DISTANCE) ② USE TWO DISTRIBUTION BOXES CONNECTED AS SHOWN TO ACHIEVE SERIAL DISTRIBUTION

Comments

INITIAL SITE SKETCH



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

AUTHORIZATION TO CONSTRUCT IS VALID FIVE (5) YEARS FROM DATE OF ISSUANCE. IMPROVEMENT PERMIT HAS NO EXPIRATION DATE.

Signed Anthony Day

Improvement Permit by STEVE HEDRICK date 3-19-96

~~Existing System Inspection~~ AUTHORIZATION TO CONSTRUCT by STEVE HEDRICK date 3-19-96

Installed by ERIC SWAIN

~~Certificate of Completion by~~ ____ date ____

Operation Permit by STEVE HEDRICK date 3-25-96

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

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