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. 21040 DATE 5-31-95 TAX MAP NO. Pt. of 8K-F-15 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Conley Warren (Grant Crockett) PHONE: Business _____ Home 873-3887

ADDRESS Bethlehem Rd. Statesville, N.C. 28677

LOCATION I-40W Tl Old Mtn. Rd Tl Bethlehem Rd Tl Happy Lane Lot at end of cul-de-sac on R.

SUBDIVISION Gordon Park Estates BLOCK / SECTION — LOT 9 LOT AREA 2 acres SITE CLASS. P.S DESIGN FLOW 240 L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 4-5-95

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 710 Linear Feet 270'

No Lines 3 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: conventional, gravity fed

Repair System Description: Infiltrator, gravity fed

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Bathrooms 2 No. Employees ____

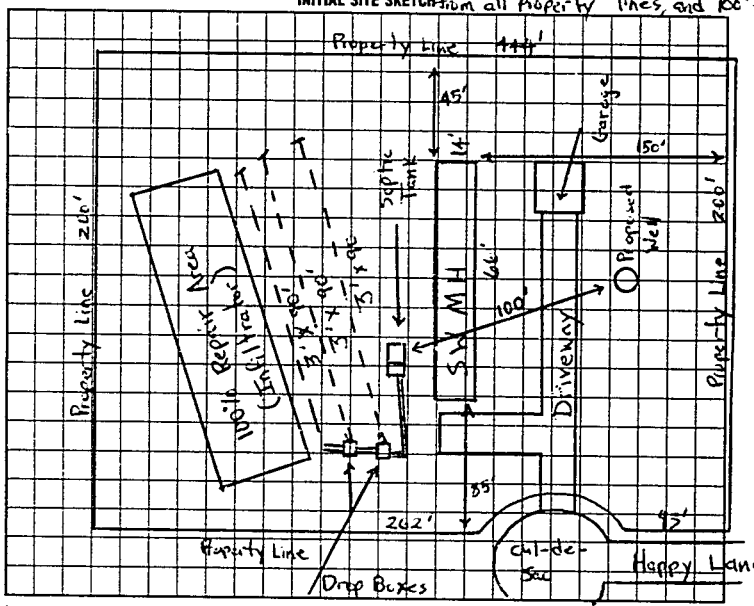
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom) Lower side of drain line needs to be 22" deep which will have upper side of drain line being ≈ 24" deep. Keep lines and trenches on contour. Keep system min. 5' from foundation of home, 10' from all property lines, and 100' from any well.

Comments: Home and well not located at time of inspection. Keep Both required distances from septic system.

INITIAL SITE SKETCH



AS BUILT SKETCH

100% Repair below system
Infiltrator, gravity fed

SAME AS INITIAL 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: Grant Crockett

Improvement Permit by: Michael J. Dennis date 5-31-95

Existing System Inspection by: _____ date _____

Installed by: Tommy Cothren

Certificate of Completion by: Michael J. Dennis date 6-28-95

Operation Permit by: _____ date _____

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

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