IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 56191

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 20715 DATE 5-3-95 TAX MAP NO. 8K-6-A-20 Watershed: ☐ Yes ☑ No

OWNER OR (CONTRACTOR) Jerry Price PHONE: Business _____ Home 878-0330

ADDRESS 239 Lewis Ferry Rd. Statesville, N.C 28677

LOCATION I40 W TL Old Mtn Rd. TL Celeste Estates Dr. lot 3/4 to end on L.

SUBDIVISION Celeste Estates BLOCK / SECTION _____ LOT 20 LOT AREA 1.5 acre SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. -3 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 5-21-95

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet "Equivalent to 1200" Linear Feet 300' Infiltrator

No Lines 5 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth NA

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

System Description: Infiltrator (chambered gravelless)

Repair System Description: " (pump to)

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☑ Other Sump Pump in basement

No. Bedrooms 3 No. Bathrooms 3 No. Employees 1

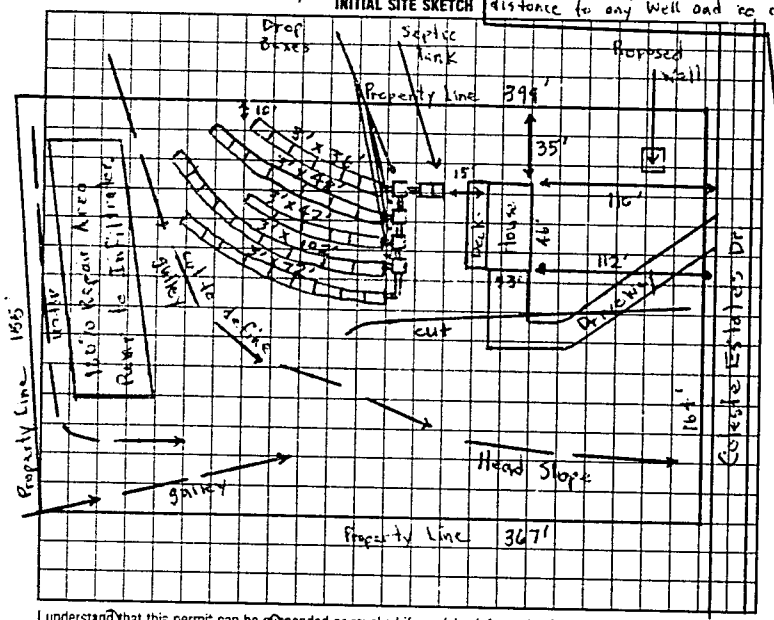
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Install system no deeper than 30" to trench bottom. Keep lines (trenches) and trenches on contour. Cut gulley below system to drain water away from septic system. Keep system 15' from foundation of home, 10' from all property lines, out of head slope or gulley, and max possible distance to any well and no closer than 50'.

Comments: System not installed as layed out. (not on contour). Due to limited space with only enough room for system and 100% Repair, there was no way to correct installers installation to rework system as it should have been. Some chambers were not clipped together

INITIAL SITE SKETCH



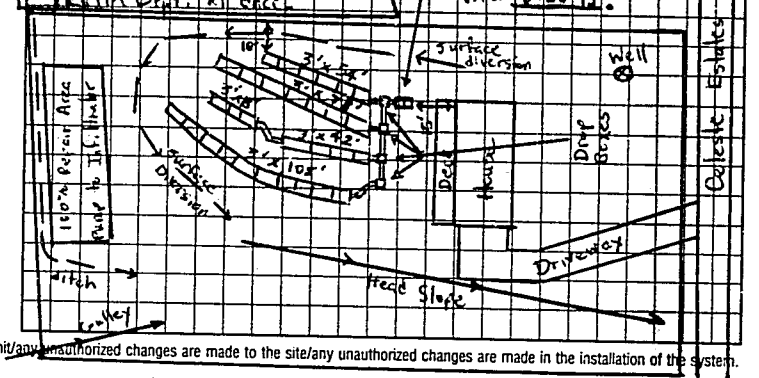
AS BUILT SKETCH and some widening of trenches necessary to get them to do so. Surface diversion ditch had to be installed to re-route surface water around system where contractor got lines into low areas or head slopes.

100% Repair at rear of lot, pump to Infiltrator, chambered gravelless system. Bldg in stone to cover units before back filling.

* If fill material encountered when installing system contact Health Dept. at once.

Inspected system on - 8-24-95.

Inspected surface diversion on - 8-25-95.



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: [signature]

Improvement Permit by: Michael J. Dennis date 5-3-95

Existing System Inspection by: _____ date _____

Installed by: Forest Shuford

Certificate of Completion by: _____ date _____

Operation Permit by: Michael J. Dennis date 8-25-95

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