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. 25565 DATE 11-26-96 TAX MAP NO. 9M--A-1 (PART OF)

OWNER OR CONTRACTOR JERRY K. EVANS PHONE: Business Home 876-1798 Watershed: ☐ Yes ☑ No

ADDRESS 806 WELLWOOD AVE, STATESVILLE NC 28677

LOCATION NC 115 N, TL MIDWAY ROAD, 1ST Lots on RIGHT PAST LAURA JEANNE LANE

SUBDIVISION MOUNTAIN VIEW BLOCK / SECTION LOT 10 & 11 LOT AREA 6.35 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB Date 3-18-77

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines FOUR 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. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees

☐ Other

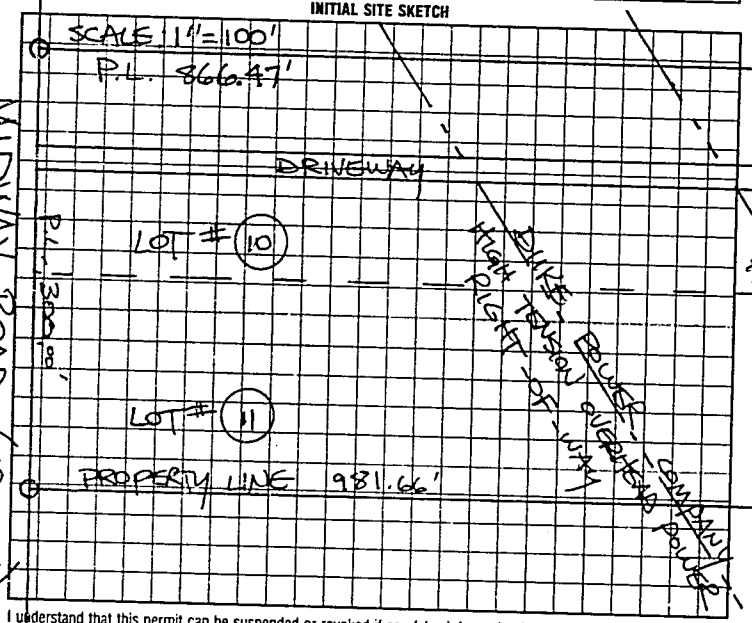
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

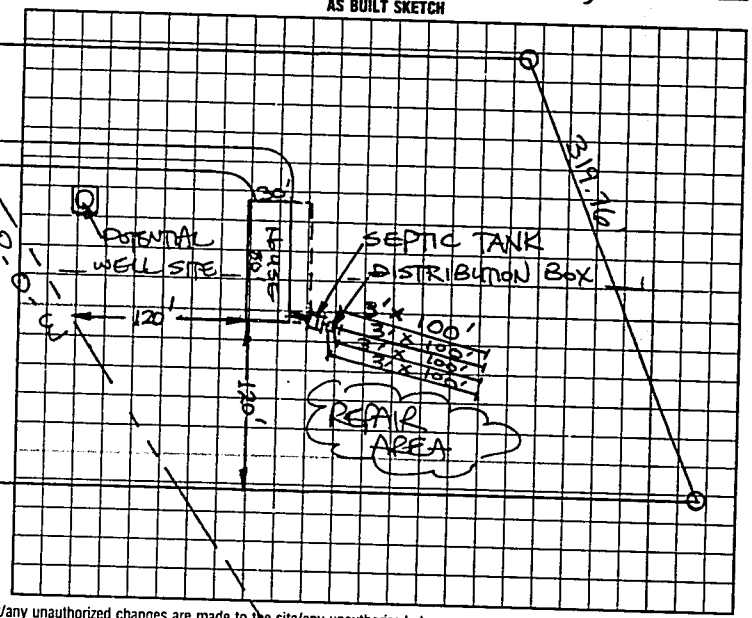
Comments: ① KEEP SYSTEM MINIMUM 100' FROM WELL. ② INSTALL FOUR 3'X100' LINES ON CONTOUR AS SHOWN, NO DEEPER THAN 36", USING PARALLEL DISTRIBUTION.

Comments: Installed as shown

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 A PERIOD EQUAL TO THE VALIDITY OF THE I.P.

Signed:

Improvement Permit by: STEVE HEDRICK date 11-26-96

~~Existing System Inspection by:~~ AUTHORIZATION TO CONSTRUCT STEVE HEDRICK date 11-26-96

Installed by: Kenny Madison

~~Certificate of Completion by:~~ date

Operation Permit by: Mark C. Ort RS date 5-19-97

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

295000