# 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. 068141 DATE 7-24-97 TAX MAP NO. 4717741943 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR LOUIS & BETTY OGDEN PHONE: Business _____ Home 924-8596

ADDRESS P.O. BOX 7331 STATESVILLE, NC 28687

LOCATION NC 115 N, TL MIDWAY ROAD TR LAURA JEANNE LANE, 2ND LOT ON RIGHT

SUBDIVISION MOUNTAIN VIEW BLOCK / SECTION _____ LOT 18 LOT AREA 1.21 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 744 Date 6-3-97

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 2

☐ Business No. Employees ____

☐ Other _____

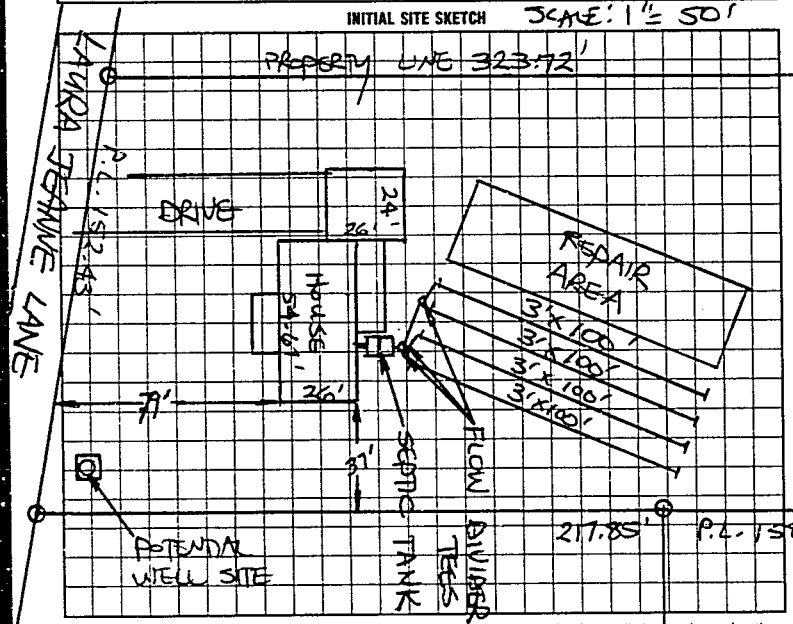
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

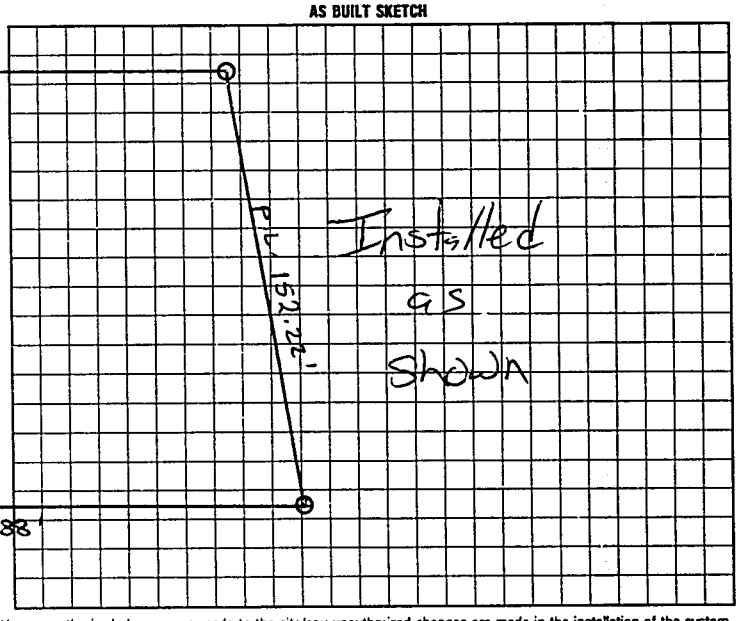
Comments: ① KEEP SYSTEM MINIMUM 100' FROM WELL. ② USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO EACH OF FOUR LINES

Comments:

INITIAL SITE SKETCH SCALE: 1" = 50'




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 60 MONTHS FROM DATE OF ISSUANCE

Signed: Louis C Ogden Installed by: James Hunter

Improvement Permit by: STEVE HENDRICK date 7-24-97 Certificate of Completion by: _____ date _____

AUTH. TO CONST. ~~Footing/System Inspection by~~ STEVE HENDRICK date 7-24-97 Operation Permit by: Mary C Ogden RS date 7-31-97

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

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