4-450

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. 065767 DATE 4-10-97 TAX MAP NO. 4717753921

OWNER OR CONTRACTOR SAMMY K. JONES PHONE: Business Home 878-6503

ADDRESS P.O. 5376, STATESVILLE, NC 28687

LOCATION NC115 N, TL MIDWAY RD, 3RD LOT ON RIGHT PAST COVE GAP ROAD

SUBDIVISION MTN. VIEW EST BLOCK / SECTION LOT 28 LOT AREA 0.89 ACRE SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 5-20-97

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533

No Lines FIVE 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: CHAMBERED GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

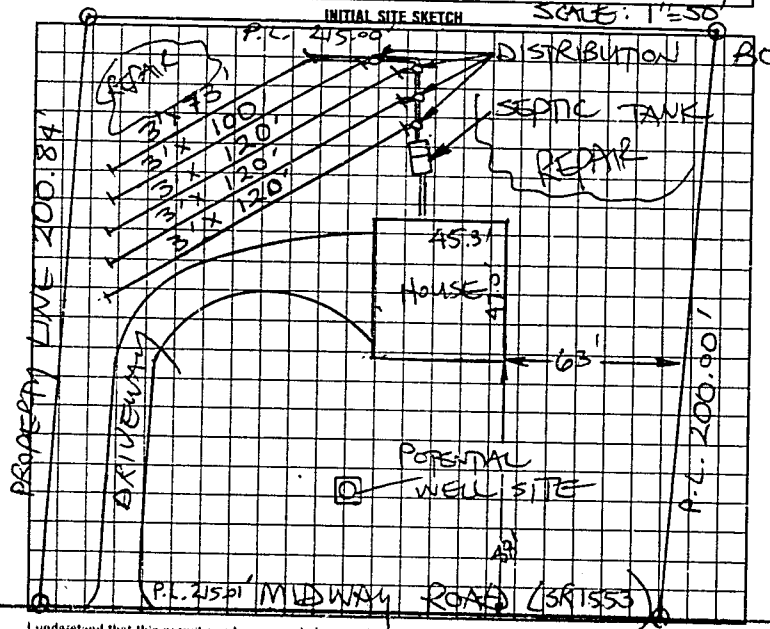
☐ Other

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

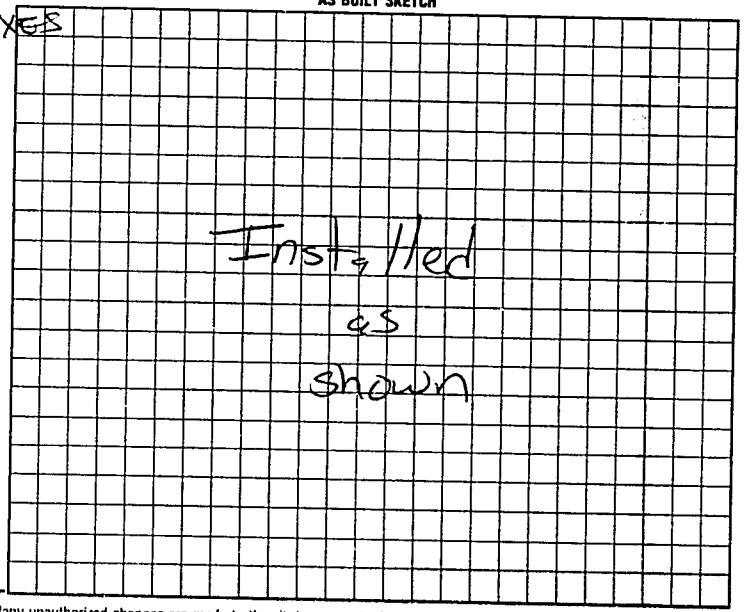
Comments: KEEP WELL MINIMUM 100' FROM SYSTEM

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. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS

Signed: Sammy K. Jones

Improvement Permit by: STEVE HEDRICK date 4-10-97

AUTH-TO CONST

Existing System Inspection by STEVE HEDRICK date 4-10-97

Installed by: Esker Elder

Certificate of Completion by: date

Operation Permit by date 5-1-97

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