IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5291

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

PROPERTY DESCRIPTION NO. 066955 DATE 6-12-97 TAX MAP NO. 4717745398 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR BARRY S. KALAKORE PHONE: Business 535-4080 Home 871-8818

ADDRESS 3224 E. BROAD STREET, 2ND STATESVILLE, NC 28677

LOCATION NC 115 N. TL MIDWAY ROAD, 2ND LOT ON LEFT PAST COVE GAP ROAD.

SUBDIVISION MTN VIEW ESTS BLOCK / SECTION ____ LOT 391 LOT AREA 1.03 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 8-18-97

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

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: CONV. PUMP FED

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

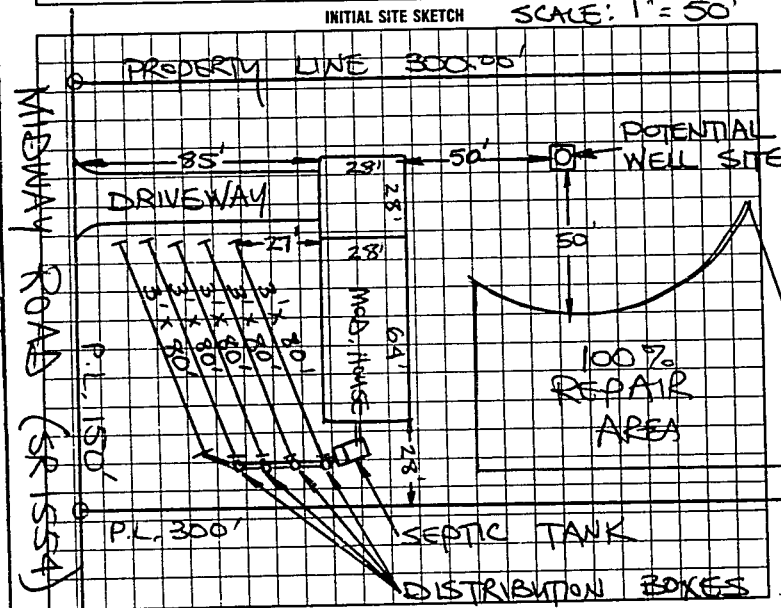
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public WELL

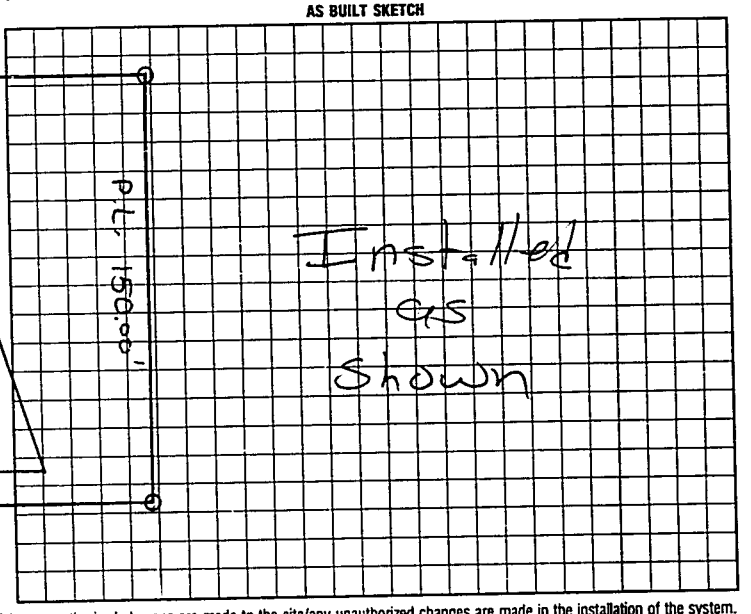
Comments: KEEP SYSTEM MINIMUM 100' FROM WELL

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: [signature]

Improvement Permit by: STEVE HEDRICK date 6-12-97

AUTH. TO CONSTRUCT by STEVE HEDRICK date 6-12-97

~~Certificate of Completion by:~~ ____ date ____

Installed by: Tim Ledford

Operation Permit by: [signature] RS date 10-8-97

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

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