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. 068345 DATE 7-29-97 TAX MAP NO. 4717754291 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR STEVEN H. BIGLER PHONE: Business Home 528-0655

ADDRESS 1069 OLD MOUNTAIN ROAD, STATESVILLE, NC 28677

LOCATION NC 115 N, TL MIDWAY ROAD, TR COVE GAP ROAD, 4TH LOT ON LEFT

SUBDIVISION MOUNTAIN VIEW BLOCK / SECTION LOT 23 LOT AREA 1.13 ACRE SITE CLASS. PS1 DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT

Septic Tank: 1000 Gallons; STB 1007 Date 8-18-97

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No. Fields 1 Square Feet 1440 Linear Feet 480

No Lines SIX 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 SPWIM

Repair System Description: CONV. SPWIM

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees

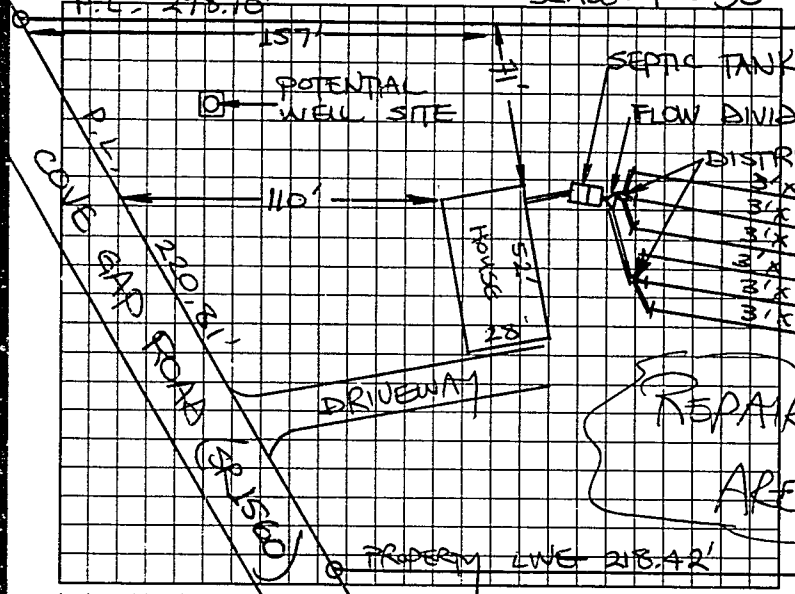
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public WELL

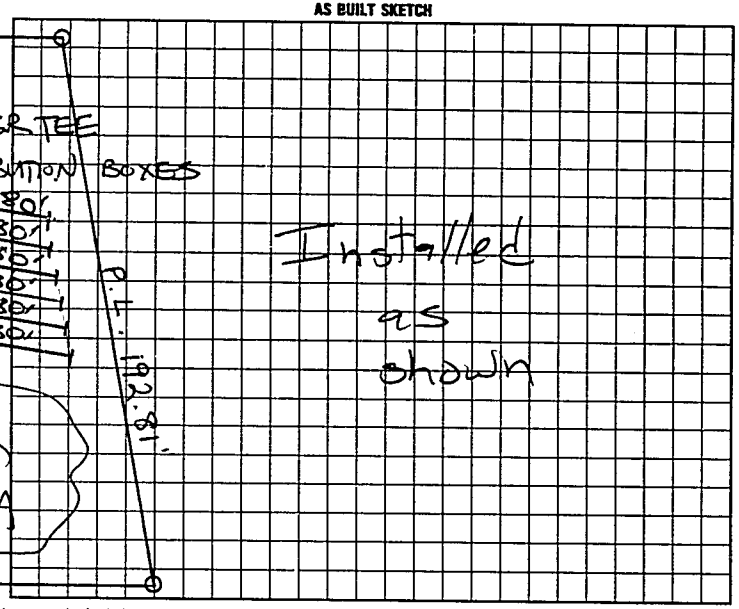
Comments: ① USE ONE FLOW DIVIDER TEE TO ACHIEVE EQUAL DISTRIBUTION INTO TWO DIST. BOXES FEEDING THREE LINES EACH
② KEEP SYSTEM MINIMUM 100' FROM WELL

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: Neil Hall

Installed by: Chris Davidson

Improvement Permit by: STEVE HEDRICK date 7-29-97

~~Existing System Inspection~~ AUTH. TO CONST. by: STEVE HEDRICK date 7-29-97

~~Certificate of Completion by:~~ date

Operation Permit by: Mark C. Outlaw date 10-9-97

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

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