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. 067912 DATE 7-15-97 TAX MAP NO. 4717 83 1260 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR JIMMY FAIRES PHONE: Business Home 924-8373

ADDRESS 641 W. END AVE. APT A STATESVILLE NC 28677

LOCATION NC 115 N. TO MIDWAY ROAD, ~ 600 FEET ON LEFT PAST TRINITY ROAD 246.5' BACK OFF

SUBDIVISION MOUNTAIN VIEW BLOCK / SECTION LOT 30 LOT AREA 2.19 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.33 GPD/FT²

Septic Tank: 1000 Gallons; STB 821 Date 9-29-97

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I ☐ II, IV, V, VI

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. PUMP.

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

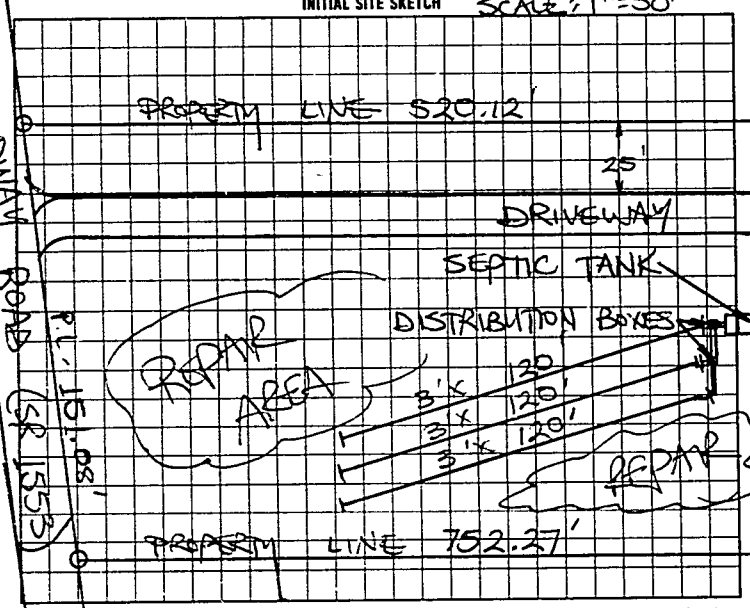
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public WELL

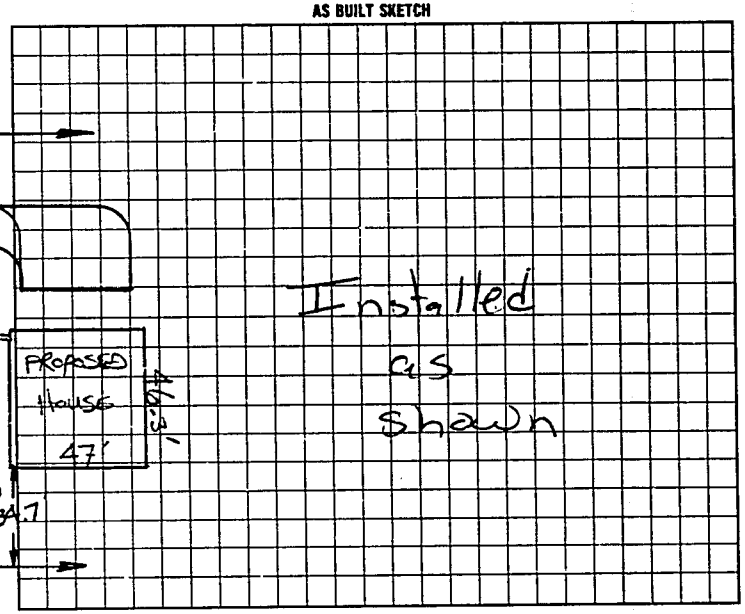
Comments: ① KEEP SYSTEM MINIMUM 100 FROM WELL ② INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' MINIMUM APART ON CENTERS.

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: X Jimmy M. Faires

Improvement Permit by: STEVE HEDRICK date 7-15-97

AUTH. TO CONST. ~~Existing System Inspection~~ by STEVE HEDRICK date 7-15-97

Installed by: D & D Grading

~~Certificate of Completion by:~~ date

Operation Permit by: Mary C Ouf RS date 10-30-97

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

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