EDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PROPERTY DESCRIPTION NO. 21082 DATE 6/13/95 TAX MAP NO. 14E-A-84 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR KENT W. MOORE PHONE: Business 872-9511 Home 876-6279

ADDRESS RT. 2 BOX 204 R, HIDDENITE, NC 28636

LOCATION NC 115 N. TL DISGAH CH. ROAD, ~ 0.5 MI ON LEFT PAST BOWLES FARM ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 17.78 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35 gpd/ft2

Septic Tank: 1000 Gallons; STB 1012 Date 5/17/96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 1035 Linear Feet 345

No Lines 3 Trench Width 36" Max Trench Bottom Depth 18-36" Gravel Depth 12"

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

System Description: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2½ No. Employees _____

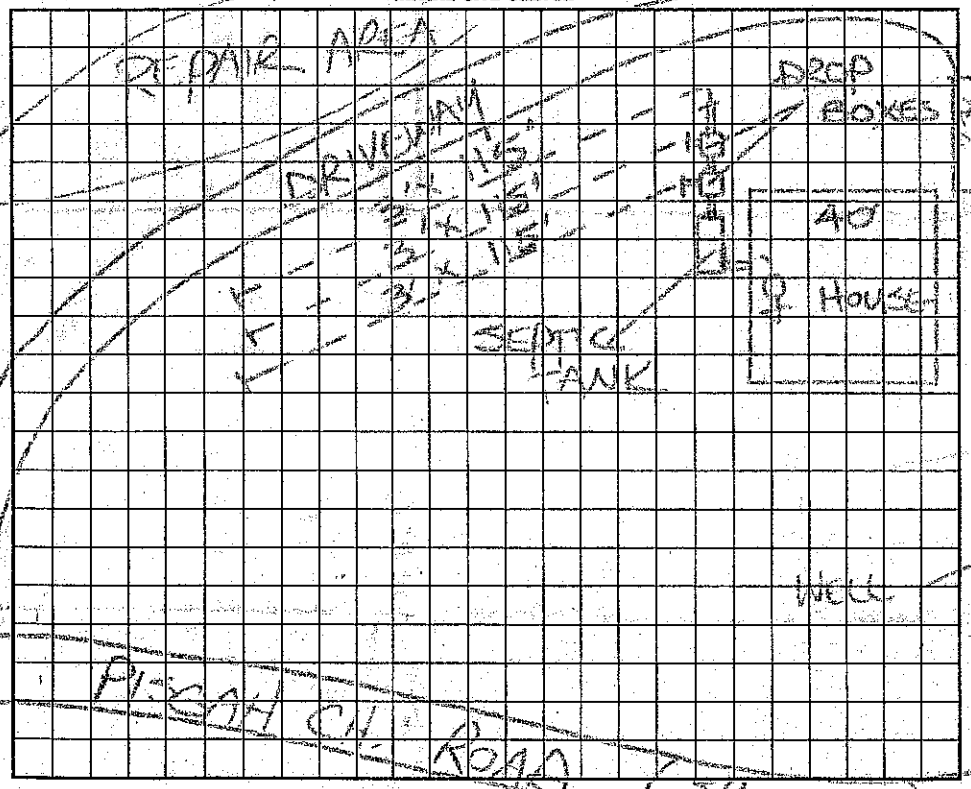
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

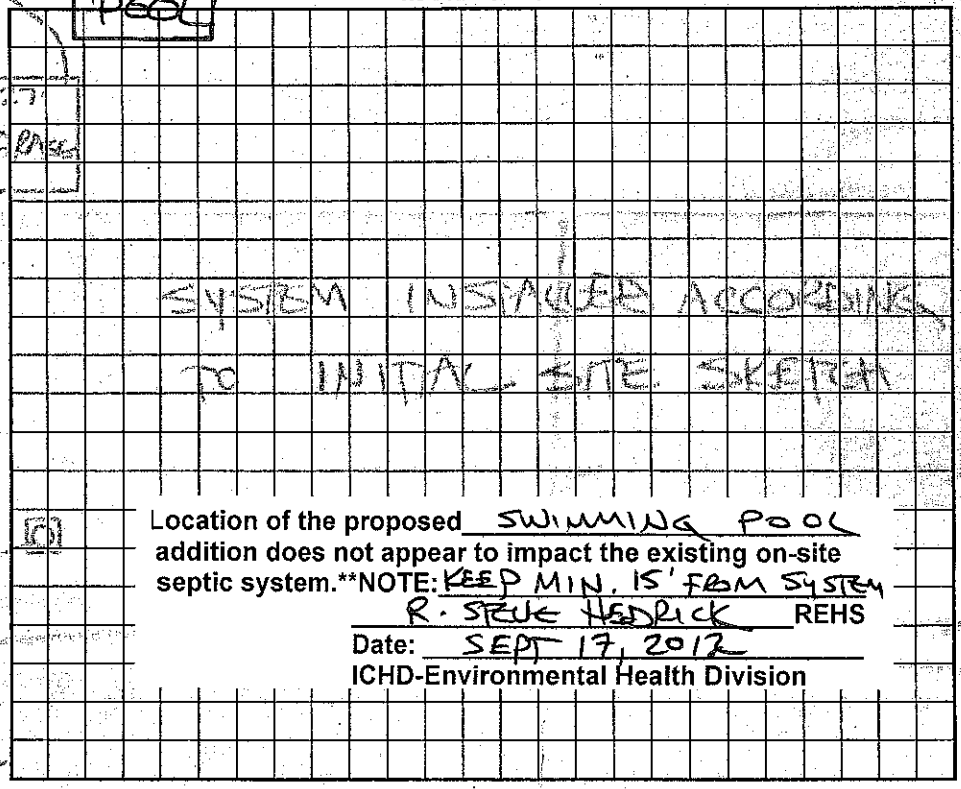
Comments: ① KEEP SYSTEM MINIMUM 5' FROM HOUSE 100' FROM WELL ② INSTALL LINES ON CONTOUR NO DEEPER THAN 36", 9' MIN APART ON CENTER

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



Location of the proposed SWIMMING POOL addition does not appear to impact the existing on-site septic system.**NOTE: KEEP MIN. 15' FROM SYSTEM

R. STEVE HEDRICK REHS

Date: SEPT 17, 2012

ICHD-Environmental Health Division

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.

Signed: _____

Improvement Permit by: STEVE HEDRICK date 6/13/95

Existing System Inspection by: _____ date _____

Installed by: KENNY PEARSON

Certificate of Completion by: _____ date _____

Operation Permit by: STEVE HEDRICK date 8-15-96

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