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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. 21409 DATE 7-14-95 TAX MAP NO. 6E-17-A-30 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Hope Brothers PHONE: Business 872-4111 Home

ADDRESS 1120 Barkley Rd. Statesville NC. 28677

LOCATION I-40W TL Stoney Farm Rd TL Hwy 70 TR Airport Rd TR Parker Lake Loop TL Tower Dr 2nd lot on L.

SUBDIVISION Lakewood BLOCK / SECTION — LOT 30 LOT AREA ~.5 acre SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .25 gpd/ft²

Septic Tank: 1000 Gallons; STB TP 1012 Date 10/21/95

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No —

Nitrification Field: No Fields 1 Square Feet equivalent to 1440 Linear Feet 300'

No Lines 6 Trench Width 36" Max Trench Bottom Depth 24"-36" Gravel Depth NA

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

System Description: Chambered gravelless system

Repair System Description: Pump to PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees —

☐ Other

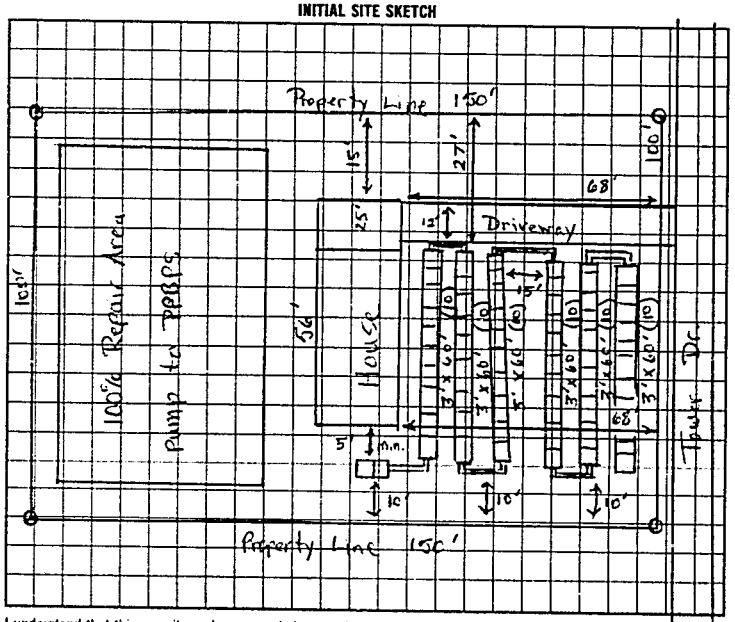
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

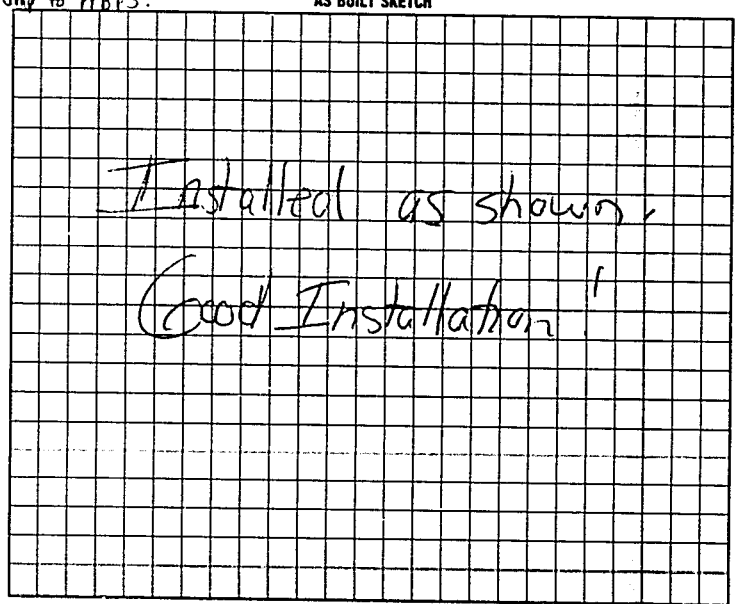
Comments: Install Chambered gravelless system. (60 chambers total) Keep lines and trenches on contour. Keep system min. 5' from foundation of home, 10' from all property lines, and 10' from water line. Install line to line by connection from end of line to end of line. 100% Repair Area Pump to PPBPS.

Comments: [redacted] er Run From Repair Above home

INITIAL SITE SKETCH



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.

Signed:

Improvement Permit by: [signature] / E.C. Moore date 7-14-95

Existing System Inspection by: date

Installed by: Arnie Duncan

Certificate of Completion by: date

Operation Permit by: [signature] date 3/5/96

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

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