54481

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. 19554 DATE 11-17-94 TAX MAP NO. 6C-7-A-59 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Allen & Thelma McCary PHONE: Business _____ Home 528-4425

ADDRESS P.O. Box 494 Troutman, N.C. 28166

LOCATION I40 W to OldMt. Rd TL Buffalo Shoals Rd TL Grandview Drive Last lot on R before Brandywine Loop

SUBDIVISION Glen Ridge S/D BLOCK / SECTION _____ LOT 59 LOT AREA ± .75 acre SITE CLASS P.S. DESIGN FLOW 360 L.T.A.R. .3 gpd/ft²

Septic Tank. 1000 Gallons. STB 825 Date 2-25-95

Pump Tank. — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth 30"

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

System Description: conventional, gravity fed

Repair System Description: "

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ___

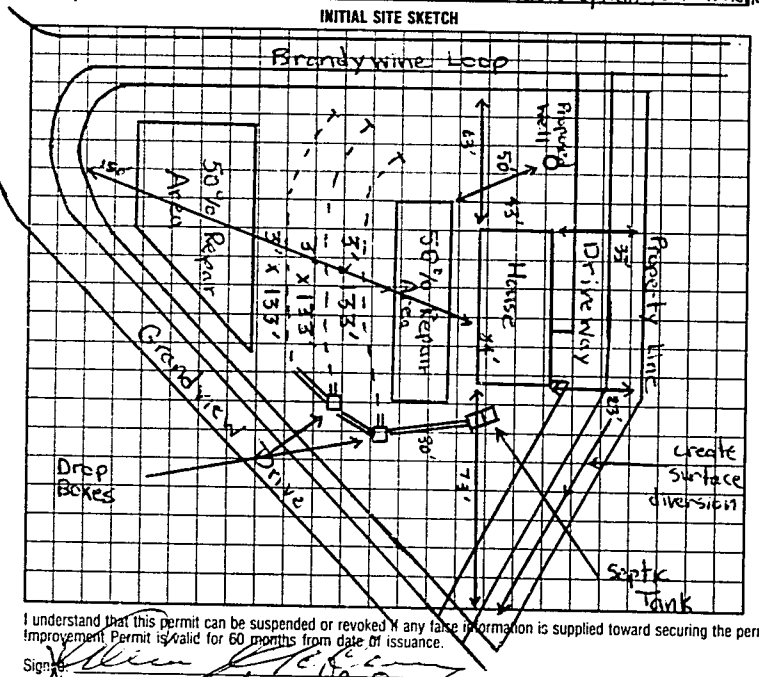
☐ Other ___

Water Supply: ☑ Individual ☐ Community ☐ Public

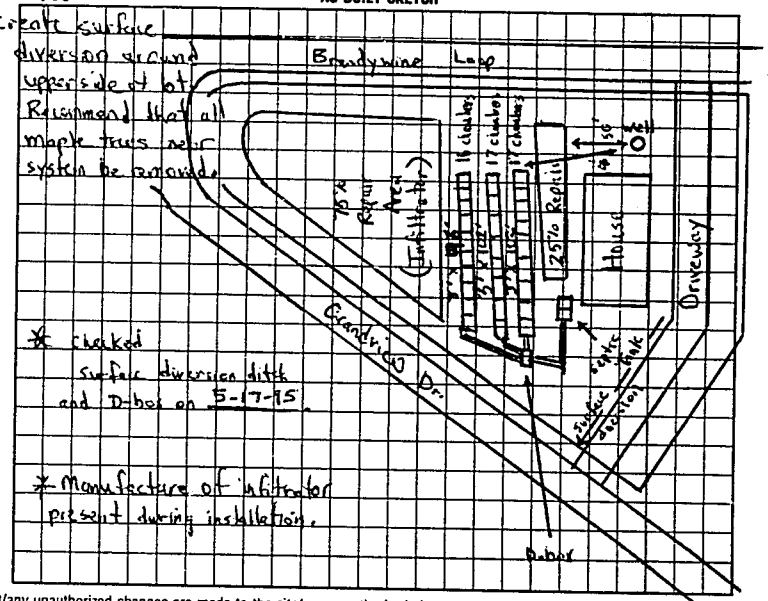
Comments: INSTALL SYSTEM SHALLOW (no deeper than 30" to trench bottom) Keep lines and trenches on contour. Keep system min. 5' from foundation of home, 10' from all property lines, and 50' from any well. 100% Repair Area below and above system conventional gravity fed

Comments: Installed Chamberd gravelless system (Infiltrator) instead of conventional. 300' of chambers, (150 chambers) 100% Repair Above and below system Infiltrator, gravity fed. Type III system.

INITIAL SITE SKETCH



AS BUILT SKETCH



* checked surface diversion ditch and D-box on 5-17-95.

* Manufacture of infiltrator present during installation.

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.

Signature: Allen McCary

Improvement Permit by: Michael O. Dennis date 11-17-94

Existing System Inspection by: _____ date _____

Installed by: Janies Grading Service

Certificate of Completion by: Michael O. Dennis date 5-16-95 / 5-17-95

Operation Permit by: _____ date _____

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

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