IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 50760

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

PROPERTY DESCRIPTION NO. 17953 DATE 3-30-94 TAX MAP NO. 6C-A-1 (pt of) (19) Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR W. Clark Const. Co. Inc. PHONE: Business _____ Home 873-4171

ADDRESS 610 Walnut St. Statesville, N.C. 28677

LOCATION I40W TL Old Mtn. Rd TR Buffalo Shoals TL Grandview Dr. Lot at end on L.

SUBDIVISION Glen Ridge Phase I BLOCK / SECTION I LOT 19 LOT AREA 1.574 acres SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 5-21-94
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'
No Lines 4 Trench Width 36" Max Trench Bottom Depth 28" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Conventional, gravity fed
Repair System Description: " "
Maintenance Agreement Required: ☐ Yes ☑ No

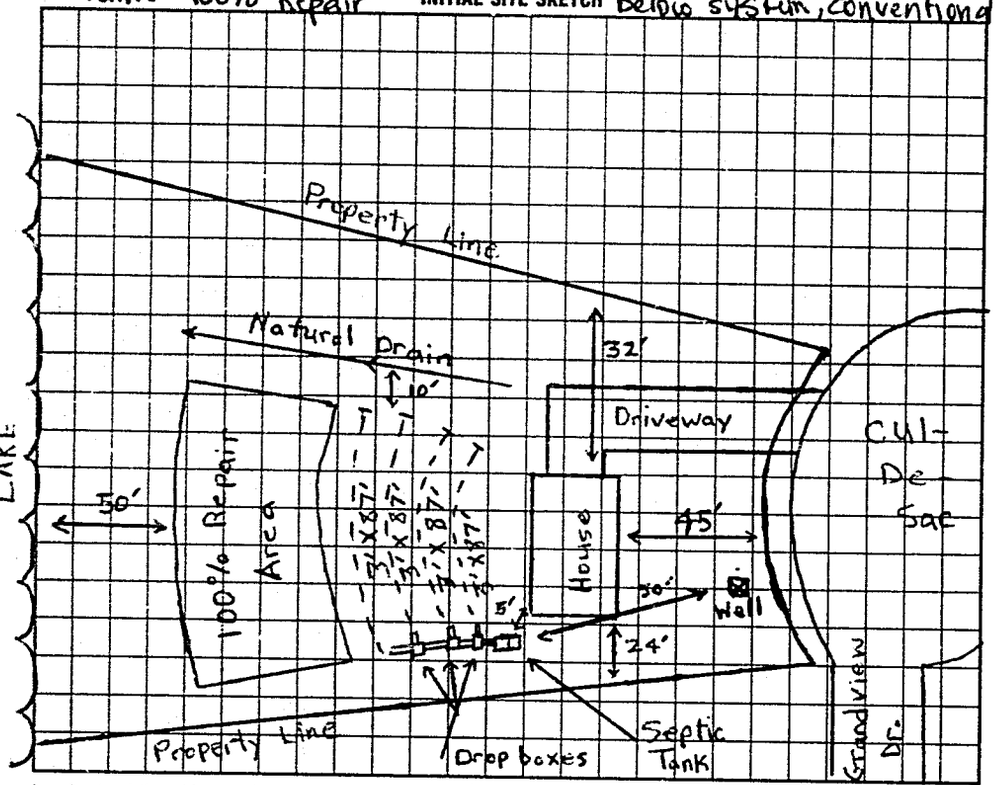
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: INSTALL SYSTEM SHALLOW (no deeper than 28" to trench bottom) Keep Nitrification lines and trenches on contour. Keep system 5' from foundation of home, 10' from all property lines, 50' min. from well, and 10' Natural Drain. 100% Repair

Comments:

INITIAL SITE SKETCH below system, conventional, gravity fed.



AS BUILT SKETCH

SAME AS INITIAL SKETCH

- Well located 50'± from septic system
- route gutter drains around septic system.
- cut ditch to route water around system on driveway side of system.

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: W Andrew Clark

Improvement Permit by: Michael S. Dennis / J.C. Moore date 3-30-94

Existing System Inspection by _____ date _____

Installed by: Forest Shuford

Certificate of Completion by: Michael S Dennis date 7-20-94

Operation Permit by _____ date _____

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