IREDELL COUNTY HEALTH DEPARTMENT

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

59337

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

PROPERTY DESCRIPTION NO. 21406 DATE 7-14-95 TAX MAP NO. 6E-17-A-25 Watershed: ☐ Yes ☑ No

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

ADDRESS 1120 Barkley Rd. Statesville, N.C. 28677

LOCATION I40W Tl Stoney Farm Rd Tl Hwy 70 TR Airport Rd TR Park Lake Loop Tl Delight Lane TR Tower Dr. 2nd Lot on R.

SUBDIVISION Lakewood BLOCK / SECTION – LOT 26 LOT AREA .5 acre SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .3gpd/ft²

Septic Tank: 1000 Gallons; STB 1012-TP Date 9/16/96

Pump Tank: – Gallons; PT – Date –

Pump Make: – Model – Serial No. –

Nitrification Field: No Fields 1 Square Feet equivalent to 1200 Linear Feet 300'

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☑ 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

Gravel Depth N/A

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees –

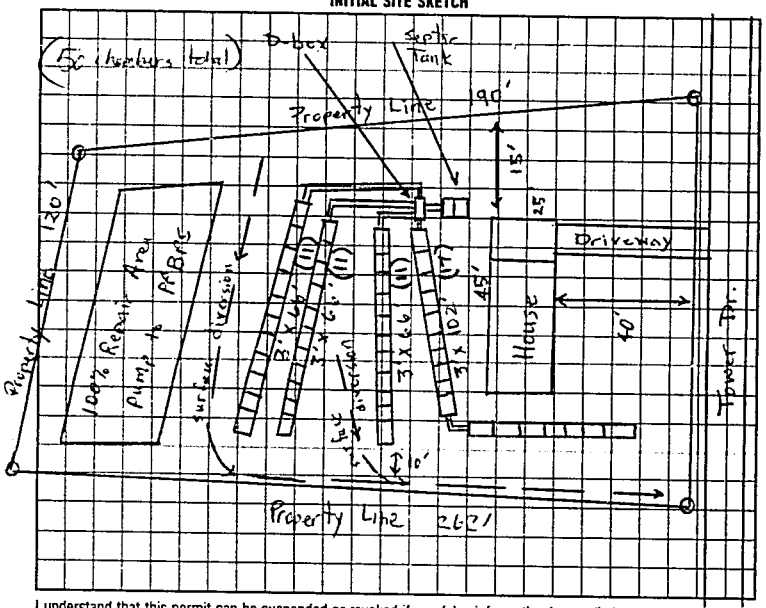
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

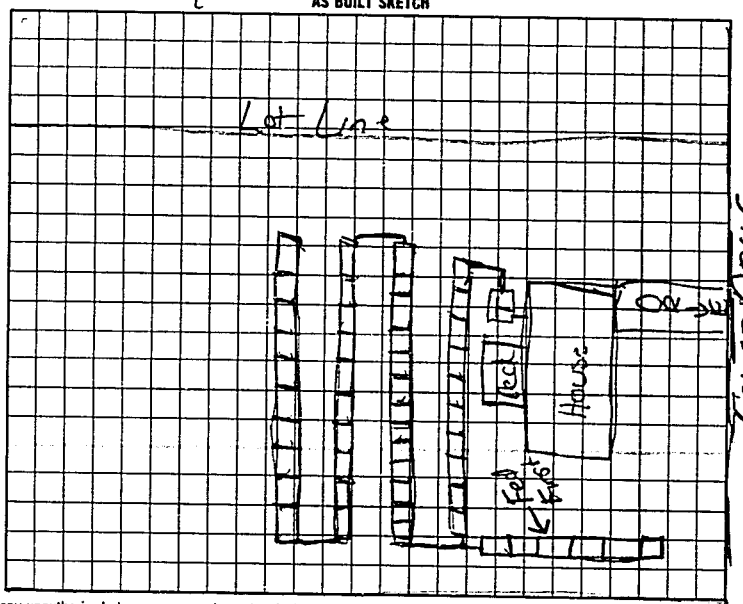
Comments: Install chambered gravelless system. Keep lines and trenches on contour. Keep system 5' from foundation of home, 10' from all property lines, and 10' from water lines. Create surface diversions as shown on drawing. 100% Repair Area above system pump to PPBPS.

Comments: Layout change to serial distribution OK'd by JCM.

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: [signature]

Improvement Permit by: R. C. Moore date 7-14-95

Existing System Inspection by date

Installed by: Arnie Duncan

Certificate of Completion by date

Operation Permit by date 7/3/96

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