IREDELL COUNTY HEALTH DEPARTMENT

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

53031

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

PROPERTY DESCRIPTION NO. 19377 DATE 9-27-94 TAX MAP NO. 6E-17-A-93 Watershed: ☐ Yes ☑ No

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

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

LOCATION I-40W TL Stamey Farm Rd TL Hwy 70 TR Airport Rd. TR Parker Lake Loop TL Delight Loop. lot on R.

SUBDIVISION Lakewood Est. BLOCK / SECTION LOT 93 LOT AREA 100' x 150' SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 12-4-94
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'
No Lines 6 Trench Width 36" Max Trench Bottom Depth 24"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: conventional, gravity fed
Repair System Description: not required, Max. Feasable
Maintenance Agreement Required: ☐ Yes ☑ No Shown.
Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

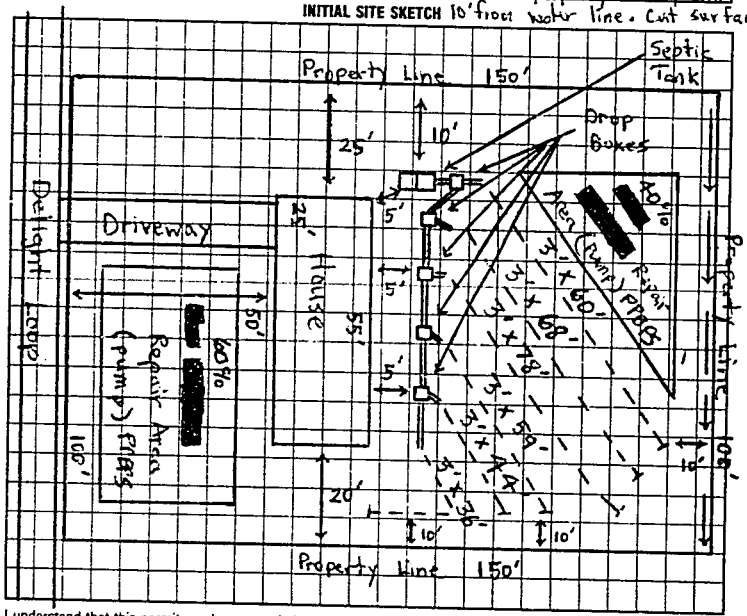
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 1.5
☐ Business No. Employees
☐ Other

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: INSTALL SYSTEM SHALLOW (no deeper than 28" to bottom of trench). If this can not be achieved, call Health Dept to permit for pump system. Keep lines and trenches on contour. Keep system min 5' from foundation of home, 10' from all property lines, and

Comments: System installed deeper than permited. Due to limited space there are no alternatives to correct situation of being deeper. Surface diversion ditch to be cut to allow water to drain around system.

INITIAL SITE SKETCH 10' from water line. Cut surface diversion around upper side of system to allow drainage around system. 100% Repair required, [redacted] repair area shown. Part behind home, remainder in front yard. Pump to PPBPS.



AS BUILT SKETCH Surface diversion ditch check same day 3-15-95

SAME AS INITIAL 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: Michael Q. Dennis date 9-29-94

Existing System Inspection by _____ date _____

Installed by: Hope Brothers

Certificate of Completion by: Michael Q. Dennis date 3-15-95

Operation Permit by: _____ date _____

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