53030

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. 19376 DATE 9-27-94 TAX MAP NO. 6E-17-A-91 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Hope Brothers PHONE: Business _____ Home _____

ADDRESS 1120 Barkley 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 91 LOT AREA 100' X 150' SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 Gallons; STB 10/12 Date 9-23-94 ☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

System Description: Conventional, gravity fed

Repair System Description: [redacted] PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 1.5 No. Employees _____

Water Supply: ☐ Individual ☐ Community ☑ Public

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'

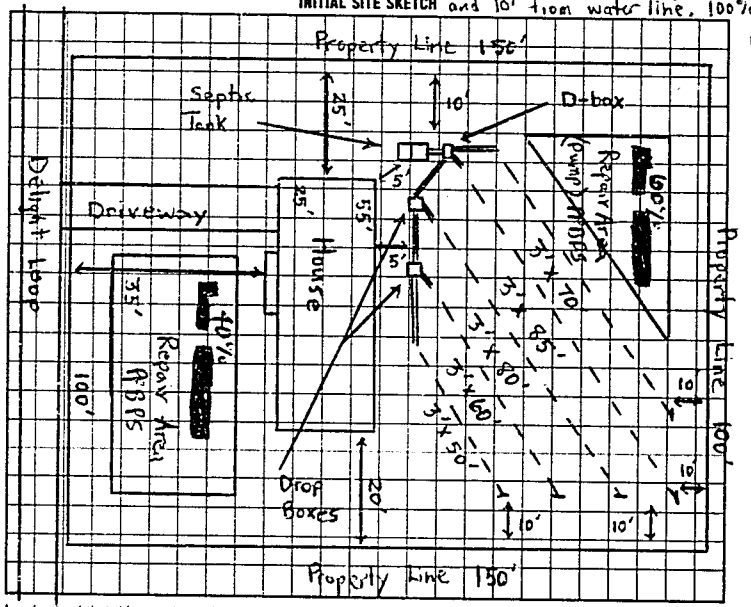
No Lines 5 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

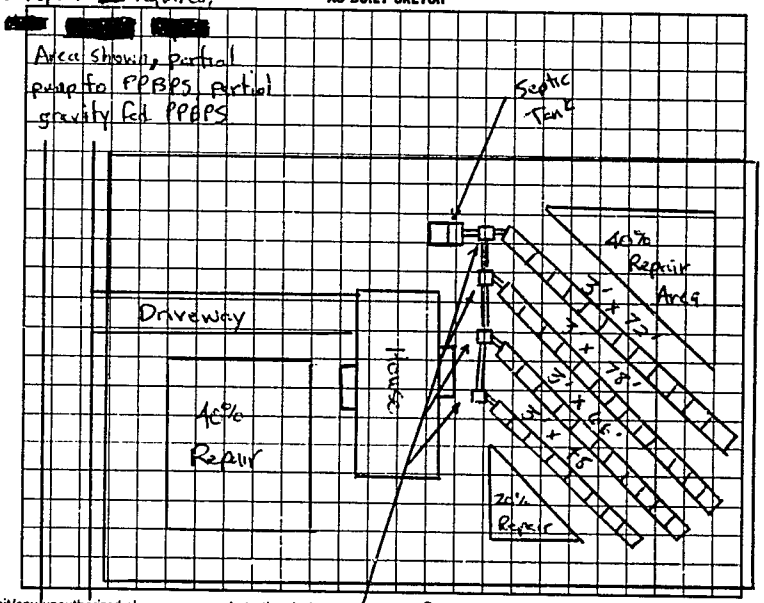
Comments: INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom) If this can not be achieved, call Health Dept. for permit to convert to pump system. Keep lines and trenches on contour. Keep system min 5' from foundation of home, 10' from all property lines, 100% Repair [redacted] required.

Comments: System installed as Chambered Gravless System instead of conventional. 44 chambers total, 364'. 40% Repair Partial pump partial gravity fed PPBPS. System installed a little deeper than initially laid out, appox 30-32" deep, soils ok.

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: X

Improvement Permit by: Michael Q Dennis date 9-29-94

Existing System Inspection by: _____ date _____

Installed by: Hope Brothers.

Certificate of Completion by: _____ date _____

Operation Permit by: Brad Stallard / Michael Q Dennis date 12-19-95

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

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