IREDELL COUNTY HEALTH DEPARTMENT

49680 ~~1750~~ ~~19675~~

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

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

PROPERTY DESCRIPTION NO. 17445 DATE 11-17-93 TAX MAP NO. Pt. of 8L-A-50 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Dennis A. Hutchens PHONE: Business _____ Home 878-0648

ADDRESS 1113 Gregory Lane, Statesville, N.C. 28677

LOCATION I40W TR Hwy 90 TL Island Ford Rd. ≈ 2.0 miles on R.

SUBDIVISION NA BLOCK / SECTION _____ LOT _____ LOT AREA 13-125 SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 min. Gallons; STB 794 Date 5-3-94
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" 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

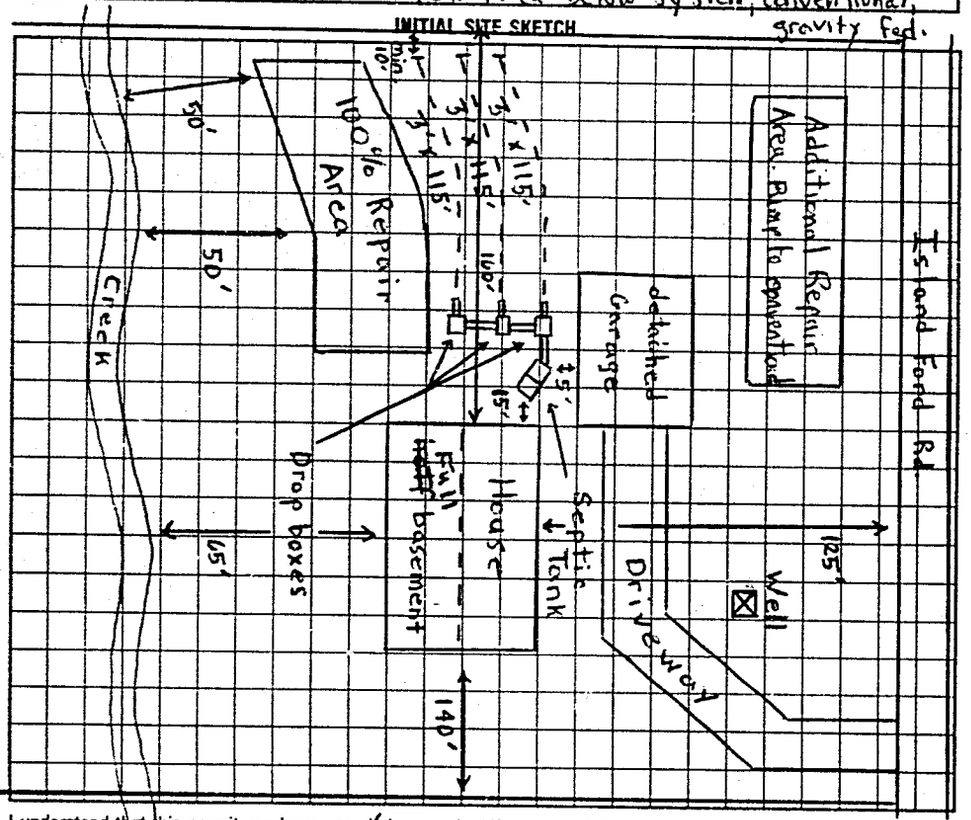
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Community
☐ Public

Comments: Keep Nitrification Lines on contour. Keep system 5' from crawl space foundation, 15' from basement foundation, 10' from all property lines, and 50' min from well. Keep system 50' min from creek. 100% Repair Area below system, conventional, gravity fed.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS INITIAL SKETCH

— House changed from half basement to full basement tank and lines 15' from foundation

— system install 24" to bottom of trench.

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: Dennis A Hutchens

Improvement Permit by: Michael J. Dennis date 11-17-93

Existing System Inspection by: _____ date _____

Installed by: A-1 Backhoe

Certificate of Completion by: Michael J. Dennis date 7-8-94

Operation Permit by: _____ date _____

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

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