3:30

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. STATESVILLE DATE 12-4-96 TAX MAP NO. 6K-9-A-51, 52, 55, 55A // 6K-10-A-10, 11 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR DONNIE WALKER PHONE: Business 873-1481 Home

ADDRESS 249 PRESSLEY FARM ROAD, STONY POINT, NC 28678

LOCATION BRISTOL DRIVE, TL GREEN CREST, TL CENTRAL DRIVE, TL BRIDLE LANE, 3RD LOT ON LEFT

SUBDIVISION SHERRILL EST. BLOCK / SECTION II LOT 17 LOT AREA 20,124 FT² SITE CLASS. P3 DESIGN FLOW 360' L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300+

No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: CHAMBERED GRAVITY

Repair System Description: PIPES GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

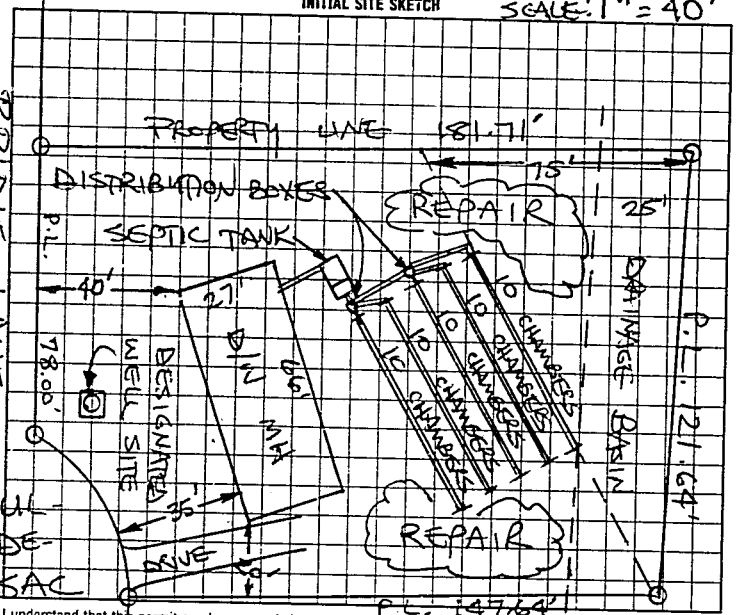
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

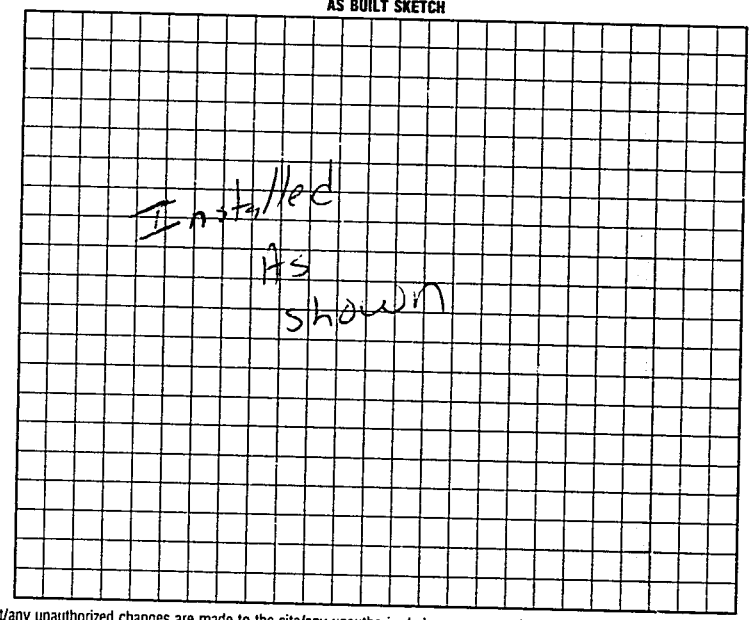
Comments: ① KEEP SYSTEM MAXIMUM FEASIBLE DISTANCE (75') FROM WELL ② INSTALL 50 CHAMBERS IN FIVE EQUAL LENGTH LINES ON CONTOUR AS SHOWN

Comments:

INITIAL SITE SKETCH SCALE: 1" = 40'



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.

Auth. to Const. is valid for a period equal to the validity of the IP not to exceed five years. IP w/site plan is valid five years.

Signed: [signature]

Improvement Permit by: STEVE HEDRICK date 12-4-96

Authorization to Construct

XXXXXXXXXXXXXXXXX by: STEVE HEDRICK date 12-4-96

Installed by: A-1 Backhoe

Certificate of Completion by: ____ date ____

Operation Permit by: [signature] date 1-13-97

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

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