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 82974 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 299 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 16 LOT AREA ~108' x 185' SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 4-27-99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ. T 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 ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

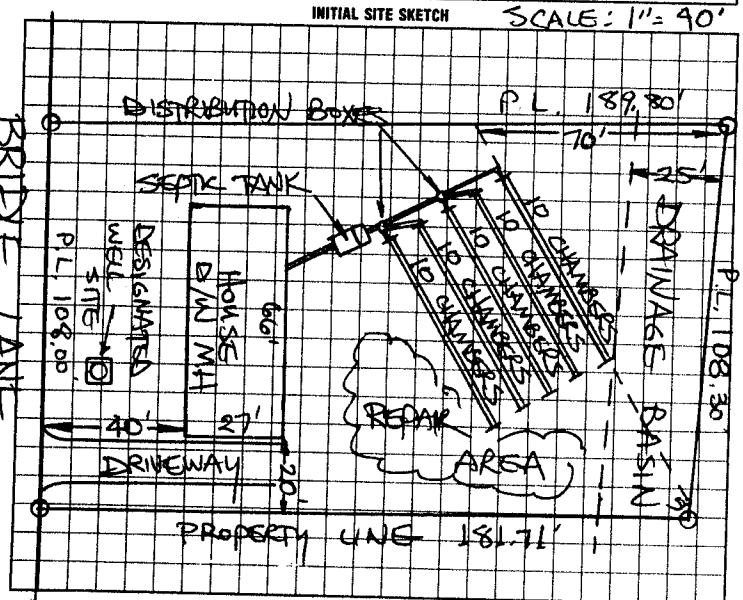
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

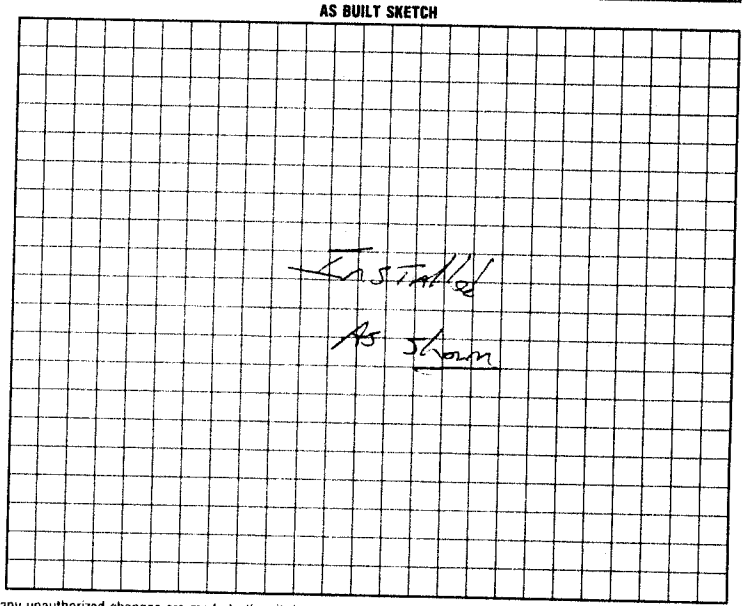
Comments: ① KEEP SYSTEM MAXIMUM FEASIBLE DISTANCE FROM WELL (70') ② INSTALL 50 CHAMBERS IN FIVE EQUAL LENGTH LINES AS SHOWN ON CONTOUR

Comments:

INITIAL SITE SKETCH SCALE: 1" = 90'



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: _____

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

Authorization to Construct

Existing System Inspection by: STEVE HEDRICK date 12-4-96

XXXXXXXXXXXXXXXX

Installed by: GNA Thom/Sam

Certificate of Completion by: _____ date 6-9-99

Operation Permit by: _____ date _____

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