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, 8715 DATE 12-6-96 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 PRESELY FARM ROAD, STONY POINT NC 28678

LOCATION BRISTOL DRIVE, TL GREENCREST, TL CENTRAL DRIVE, TL BRIDLE LANE, 2ND LOT ON RIGHT

SUBDIVISION SHERRILL ESTATES BLOCK / SECTION II LOT 7 LOT AREA 29,354 FT² SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 10,7 Date 12-99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ. TO 1200 Linear Feet 300+
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 24-36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: CHAMBERED GRAVITY
Repair System Description: PRESS GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

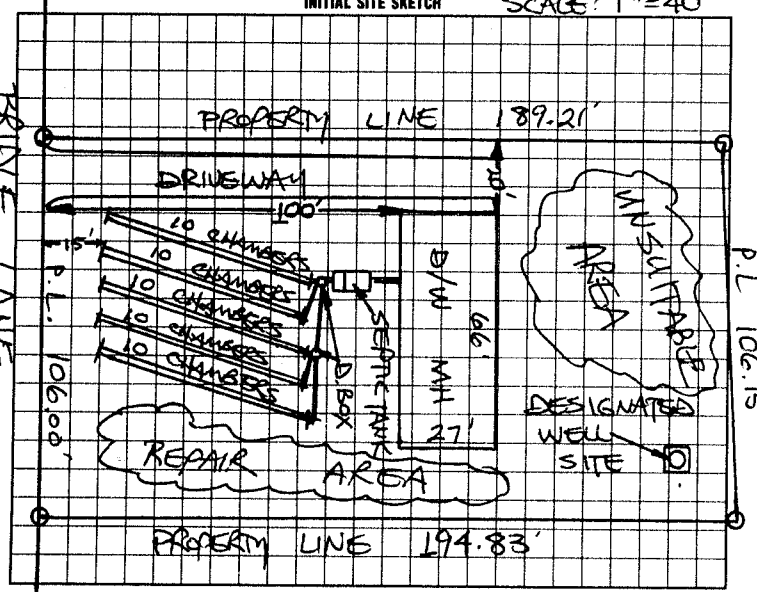
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

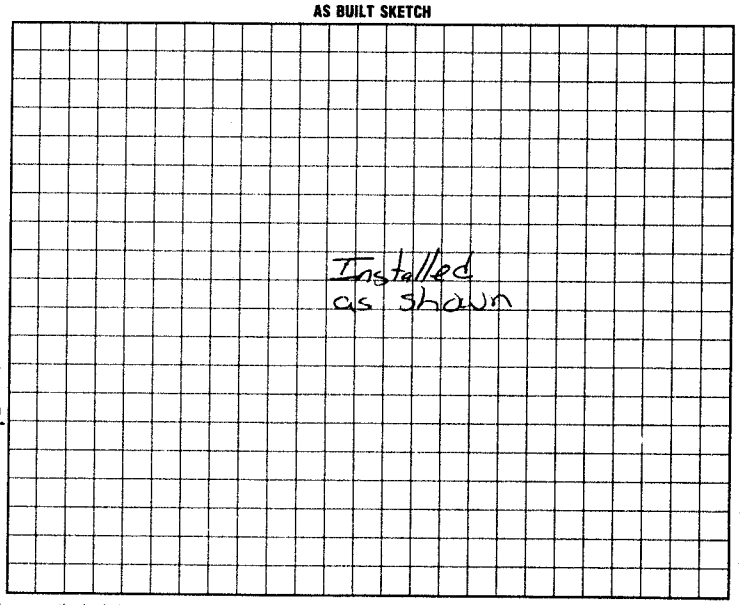
Comments: ① KEEP SYSTEM MINIMUM 100' FROM WELL
② INSTALL 50' CHAMBERS IN FIVE EQUAL LENGTH LINES ON CONTOUR.

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 HENDRICK date 12-6-96

Authorization to Construct

Existing System Inspection by: STEVE HENDRICK date 12-6-96

Installed by: A-1 Backhoe

~~Certificate of Completion by:~~ ____ date ____

Operation Permit by: [signature] RS date 6-28-99

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