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. REPAIR DATE 3/29/94 TAX MAP NO.

OWNER OR CONTRACTOR FRANK DAY, JR

ADDRESS RT-8, BOX 603, STVL, NC 28677 PHONE: Business Home 873-1592 Watershed: ☐ Yes ☑ No

LOCATION NC90 W, ON (L) NEXT TO BOONE'S COUNTRY STORE (TEXACO) ACROSS FROM MONTICELLO SCH.

SUBDIVISION BLOCK / SECTION LOT LOT AREA AMPLE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.32 GPD/FT2

Septic Tank: EXISTING Gallons; STB — Date —

Pump Tank: 1000 Gallons; PT PT 27 Date 2-21-94

Pump Make: Liberty Model LE50 Serial No. 2747

Nitrification Field: No Fields 1 Square Feet Linear Feet 375

No Lines 5 Trench Width 36" Max Trench Bottom Depth 20" Gravel Depth 12"

☐ New System ☑ Repair System Type: I, II, (III), IV, V, VI

System Description: CONVENTIONAL GRAVITY

Repair System Description: PUMP CONVENTIONAL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

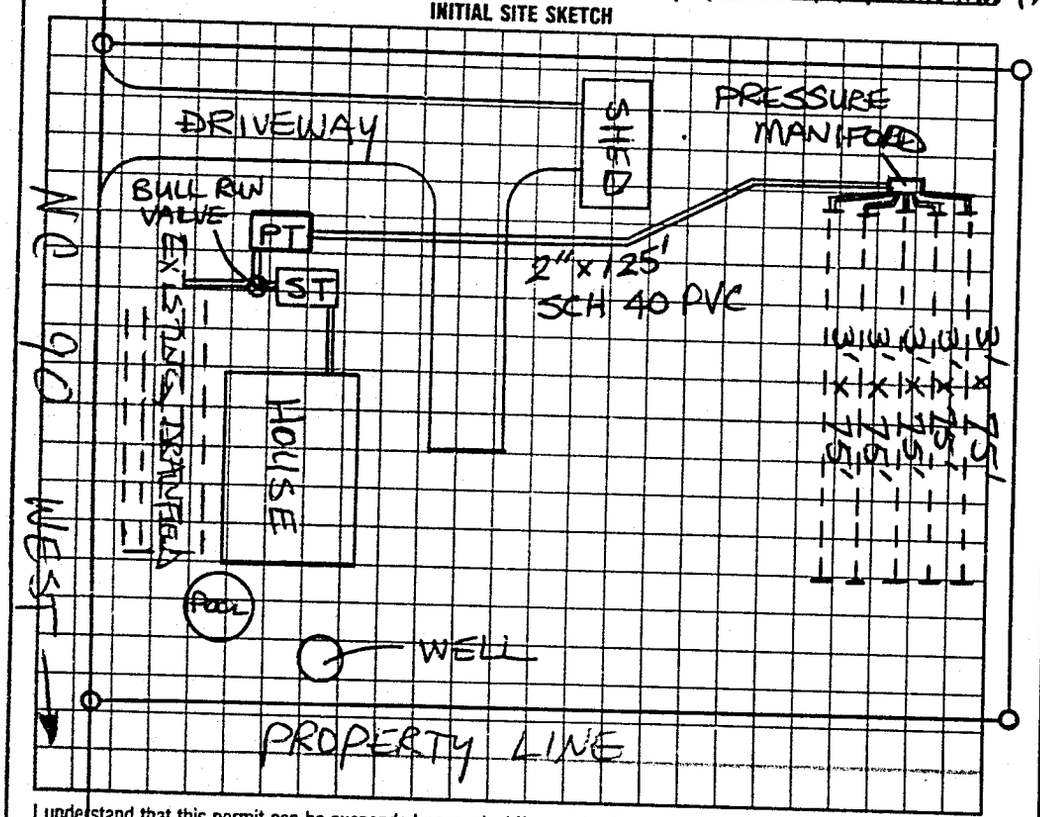
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Comments: ① FOR PUMP TANK - SEE ATTACHMENT #1
② FOR PRESSURE MANIFOLD - SEE ATTACHMENT #2
③ INSTALL BULL RUN VALVE AT LOCATION SHOWN
④ PUMP TO DELIVER 60 GPM AT 17.63 TDH MINIMUM.

Comments: Drainlines, pump tank, bull-run-valve checked 4-15-94. Pump, Floats, 2' pressure on manifold, manifold, and Alarm checked 5-3-94 NEMA 4X Box used.

INITIAL SITE SKETCH



AS BUILT SKETCH

Bull-Run-Valve
#1 to existing drainfield
#2 to pump system

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 Donna Semble

Improvement Permit by: STEVE HEDRICK date 3/29/94

Existing System Inspection by: date

Installed by: WES LYTON

Certificate of Completion by: Michael J. Kennedy date 5-3-94

Operation Permit by: date

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