IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 51142

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

PROPERTY DESCRIPTION NO. 18328 DATE 4/21/94 TAX MAP NO. 6K-19-A-36 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR JAMES T. CAMPBELL, JR PHONE: Business _____ Home 873-1386

ADDRESS 2127 E. BROAD ST, STVL, NC 28677

LOCATION NC 90 W, TR MONTICELLO, TL MEADOWLARK LANE, TR HUMMINGBIRD LANE AT END ON (R)

SUBDIVISION AUDUBON ACRES BLOCK / SECTION _____ LOT 36 LOT AREA 0.93 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.35 GPA/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 4-25-94

~~Septic~~ Tank: 1000 Gallons; STB 1012 Date 4-26-94

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 255+1380 Linear Feet 85+460

No Lines 6+1 Trench Width 36" Max Trench Bottom Depth 18-36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONVENTIONAL GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 3 No. Employees _____

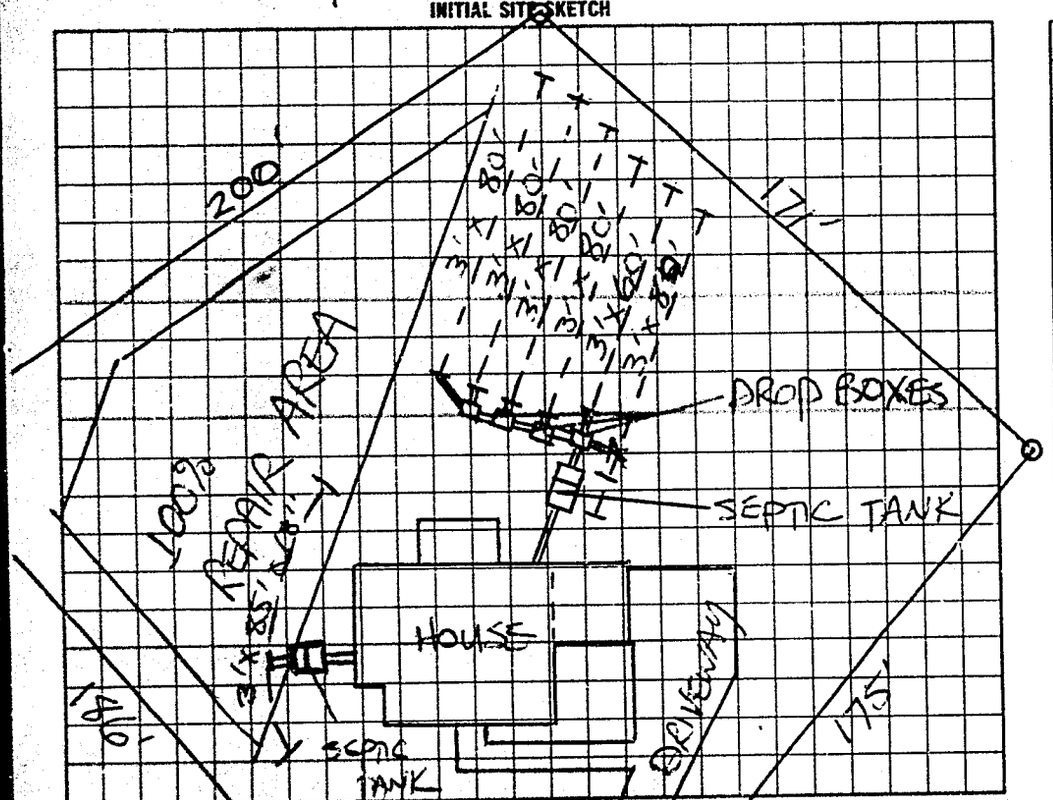
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: (1) KEEP SYSTEM 15' FROM BASEMENT 10' FROM PROPERTY LINE (2) INSTALL LINES ON CONTOUR, NO DEEPER THAN 36" (3) USE SERIAL DIST, USING DROP BOXES.

Comments: Checked Septic Tank at basement and 3'x85'x18" line. 7-26-94. M.D.

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEMS INSTALLED ACCORDING TO INITIAL SITE 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. Improvement Permit is valid for 60 months from date of issuance.

Signed: ~~Applicant~~ + Bryan H Bryce

Improvement Permit by: ~~STEVE HEDRICK~~ date 4/21/94

Existing System Inspection by: _____ date _____

Installed by: TOMMY FRYE STEVE HEDRICK

Certificate of Completion by: _____ date 8/1/94

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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