IREDELL COUNTY HEALTH DEPARTMENT

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

#162368

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

PROPERTY DESCRIPTION NO. 24413 DATE 8-1-96 TAX MAP NO. 9A-9-A-118 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR W & W SALES PHONE: Business Home 873-3388

ADDRESS P.O. BOX 5792 STATESVILLE, NC 28677

LOCATION NC 115 N TL SCOTTS CREEK, TL MILLER FARM, TR ANTLER DR, TL REED BUCK, TL RIDGEVIEW, 6TH LOT ON LEFT

SUBDIVISION DEERCROFT BLOCK / SECTION III LOT 118 LOT AREA 0.7082 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 10.40 GPD/FT2

Septic Tank: 1000 Gallons; STB 1012 Date 10-22-96

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 5 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: CHAMBERED PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

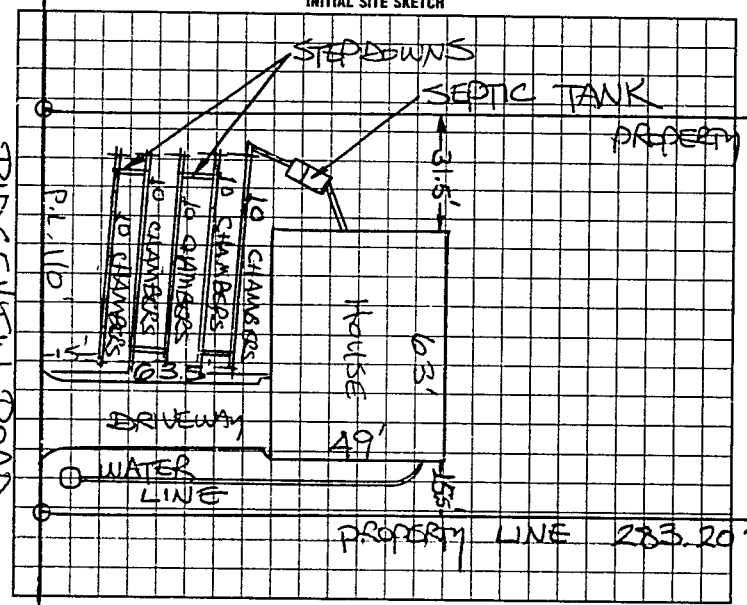
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

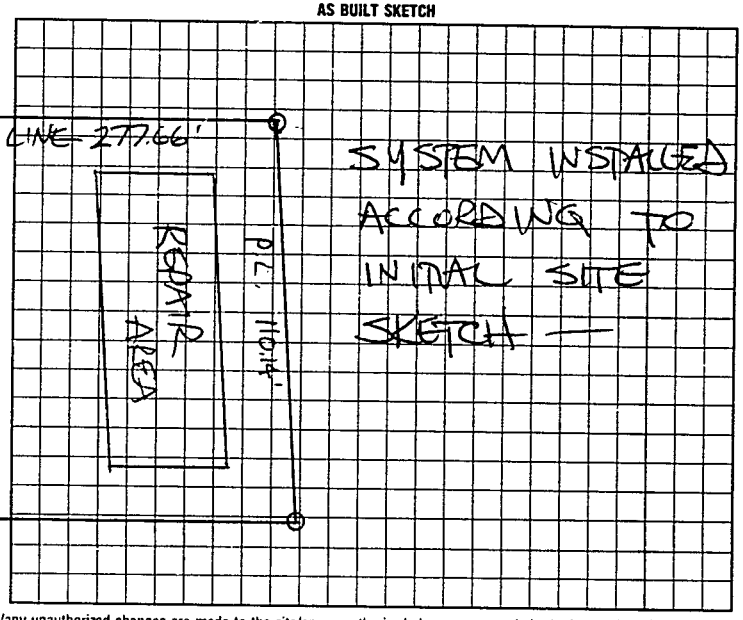
Comments: ① KEEP SYSTEM MINIMUM 5' FROM HOUSE 10' FROM PROPERTY LINE, 10' FROM WATER LINE. ② INSTALL 50' CHAMBERS IN FIVE EQUAL LENGTHS LINES USING SERIAL DISTRIBUTION.

Comments:

INITIAL SITE SKETCH



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 FIVE(5) YEARS FROM DATE OF ISSUANCE. IMPROVEMENT PERMIT WITH SITE PLAN IS VALID FOR FIVE(5) YEARS.

Signed: [signature]

Improvement Permit by: STEVE HERRICK date 8-1-96

AUTH. TO CONST. ~~Existing System Inspection by:~~ STEVE HERRICK date 8-1-96

Installed by: TOMMY FRYE

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

Operation Permit by: STEVE HERRICK date 2-3-97

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