IREDELL COUNTY HEALTH DEPARTMENT

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

48369

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

PROPERTY DESCRIPTION NO. 16697 DATE 7/29/93 TAX MAP NO. 9A-9-A-83

OWNER OR CONTRACTOR BRANICK QUALITY UTILITY BLDG PHONE: Business Home 872-1282

ADDRESS RT. 12 BOX 319-A STATESVILLE NC 28677

LOCATION NC 115 N, TL SCOTTS CREEK RD, TL MILLER FARM RD, TR DOE TRAIL, AT ELK DR.

SUBDIVISION DEERCROFT BLOCK / SECTION II LOT 83 LOT AREA 110' X 200' SITE CLASS PS L.T.A.R. 0.35 GPD/FT2

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: 1000 Gallons: STB 1012 Date 8/1/93

Pump Tank: ____ Gallons: PT ____ Date ____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines 5 Trench Width 36 Trench Depth 18-36" Gravel Depth 12"

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

System Description: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☑ No

☐ Mobile Home No. Bathrooms 2 Auto. Dishwasher: ☑ Yes ☐ No

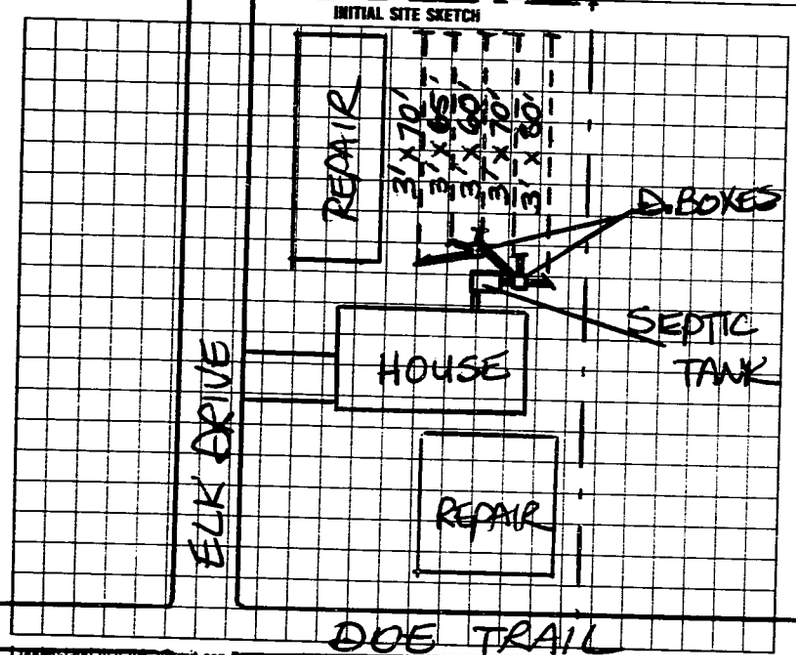
☐ Business No. Employees ____ Auto. Washing Machine: ☑ Yes ☐ No

☐ Other ____ Other ____

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

Comments ① KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE ② INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' ON CENTER.

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM 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: ____

Improvement Permit by: X John R. Nicholson STEVE HERRICK date 7/29/93

Existing System Inspection by: ____ date ____

Installed by: TOMMY FRYE

Certificate of Completion by: STEVE HERRICK date 10/26/93

Operation Permit by: ____ date ____

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