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. 2512 [illegible] 5530 DATE 11-23-96 TAX MAP NO. 4726625298 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR CRANDALL & O'BRIEN CONST. PHONE: Business 871-1536 Home

ADDRESS 310 TREEBARK ROAD, STATESVILLE, NC 28677

LOCATION NC 115 N, TL SCOTTS CREEK ROAD, TR HYDE LANE, LOT AT CUL-DE-SAC, ON RIGHT

SUBDIVISION HAMPTON GLEN BLOCK / SECTION II LOT 28 LOT AREA 16,927.53 ft² SITE CLASS. PS1 DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 3-9-97

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 TEN 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: PPBPS, PUMP

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

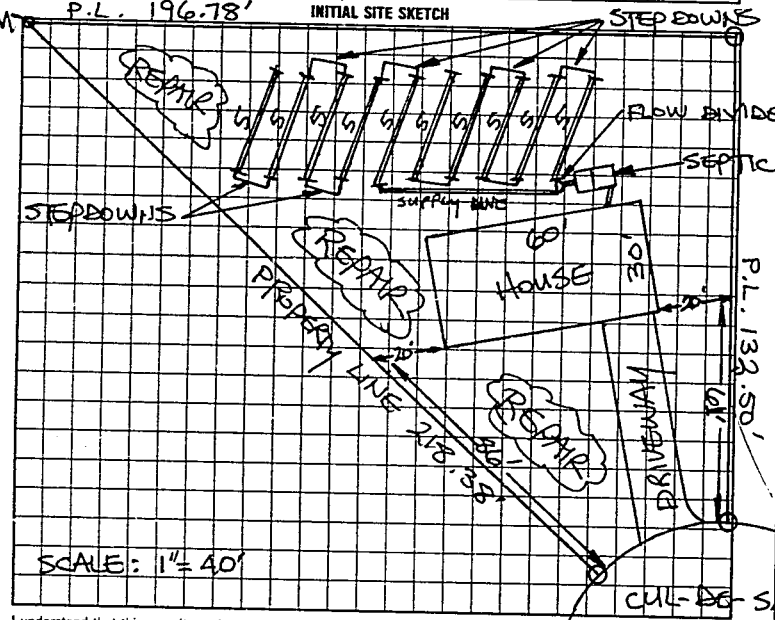
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

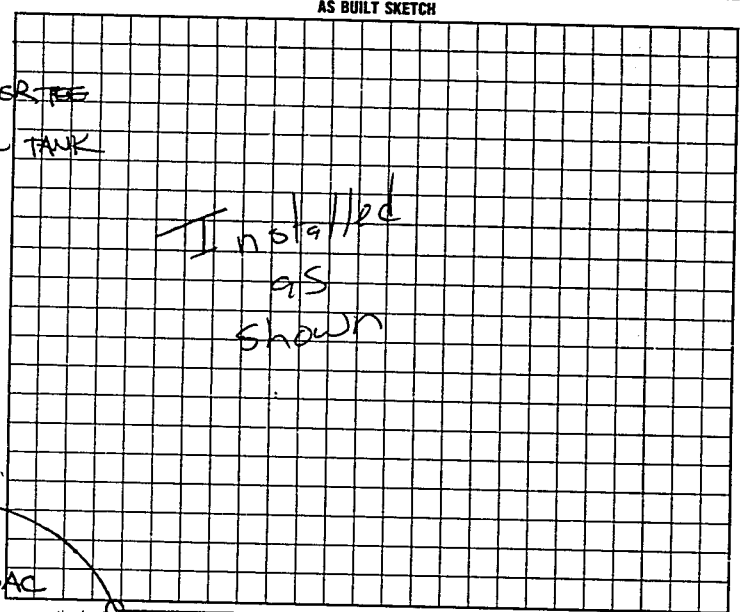
Comments: ① INSTALL 50 CHAMBERS IN TEN EQUAL LENGTH LINES OF FIVE CHAMBERS EACH ② USE ONE FLOW DIVIDER TEE TO ACHIEVE EQUAL DISTRIBUTION INTO TWO FIELDS OF 25 CHAMBERS EACH.

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 a period equal to the validity of the IP not to exceed five years. IP w/site plan is valid five years.

Signed: _____

Improvement Permit by: STEVE HEDRICK date 11-23-96

Authorization to Construct

Existing System Inspection by: STEVE HEDRICK date 11-23-96

Installed by: A-1 Backhoe

Certificate of Completion by: _____ date _____

Operation Permit by: Mark Coffey RS date 3-5-97

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