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. 24330 DATE 9-7-96 TAX MAP NO. 9A-A-34 (PART OF) 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 TO SCOTT'S CREEK ROAD TL HYDE LANE, 3RD LOT ON RIGHT

SUBDIVISION HAMPTON GLEN BLOCK / SECTION II LOT 31 LOT AREA 16,000 FT² SITE CLASS. PS DESIGN FLOW 300 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 1-20-97

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 FIVE Trench Width 36" Max Trench Bottom Depth 28-36" Gravel Depth N/A

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

System Description: CHAMBERED GRAVITY

Repair System Description: CHAMBERED GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

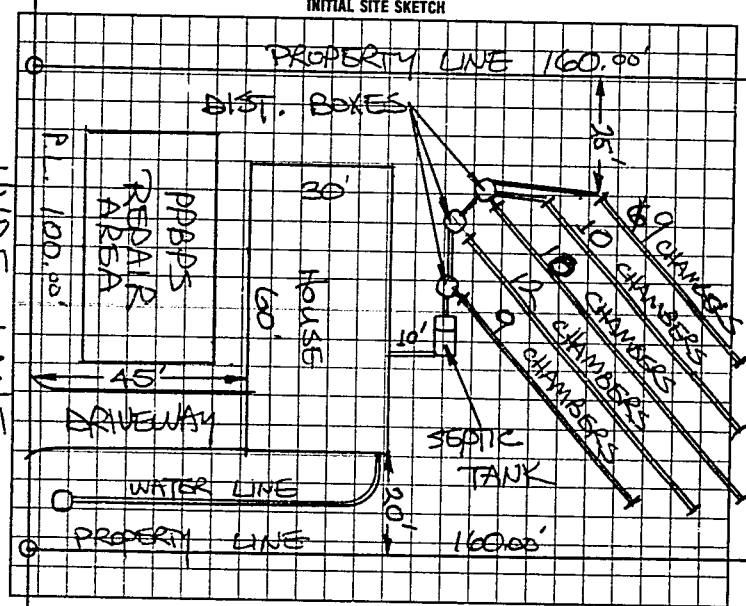
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

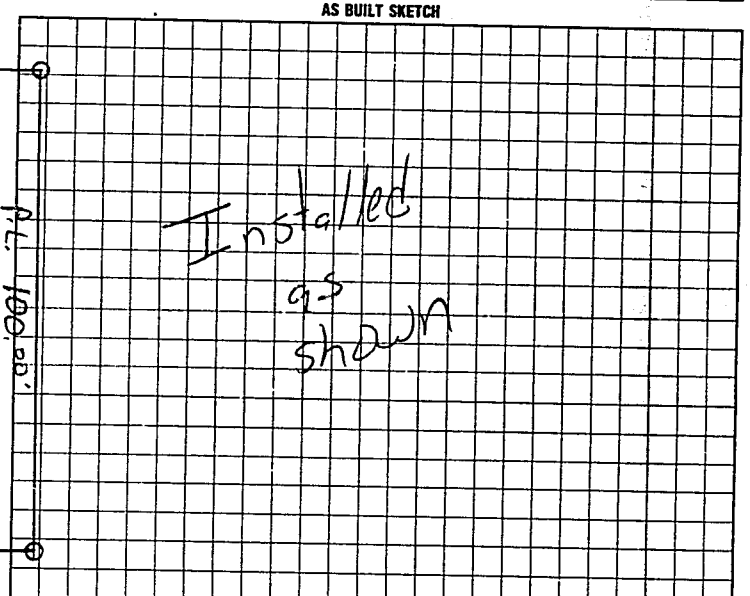
Comments: ① INSTALL 50 CHAMBERS IN FIVE LINES WITH LENGTHS AS SHOWN BELOW ② USE THREE DISTRIBUTION BOXES TO ACHIEVE SERIAL DISTRIBUTION

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.

APPROVAL TO CONST. IS VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE I.P. NOT TO EXCEED FIVE YEARS. I.P. W/ SITE PLAN IS VALID FIVE YEARS.

Signed: [signature]

Improvement Permit by: STEVE HEDRICK date 9-7-96

~~Operation~~ Irrigation System Inspection by: STEVE HEDRICK date 9-7-96

Installed by: A-1 Backhoe

~~Certificate of Completion~~ By: ____ date ____

Operation Permit by: [signature] date 4-3-97

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