HYDE LANE

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. 25123 DATE 10-28-96 PIN/MAP NO. 4726627159 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR RANDALL J. O'BRIEN CONST. PHONE: Business 871-1536 Home

ADDRESS 310 TREE BARK ROAD STATESVILLE, NC 28677

LOCATION NC 115 N, TL SCOTTS CREEK ROAD, TL HYDE LANE, LOT AT END ON LEFT

SUBDIVISION HAMPTON GLEN BLOCK / SECTION II LOT 26 LOT AREA 17,335.32 FT² SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 4.12-97
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ TO ROD Linear Feet 300+
No Lines THREE 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 ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

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

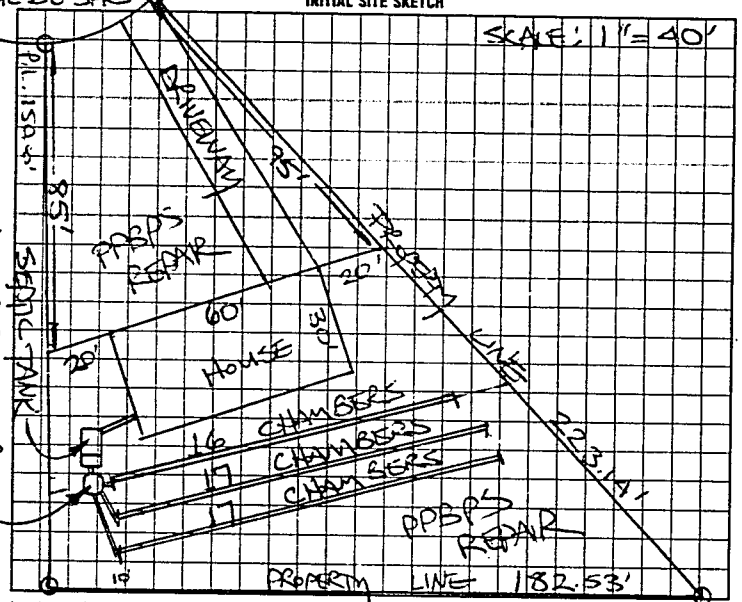
Water Supply: ☐ Individual ☐ Community ☒ Public

Comments:
① INSTALL 50 CHAMBERS IN THREE LINES AS SHOWN
② SCOOP TRENCH SIDEWALLS WHERE SMEARING OCCURS.

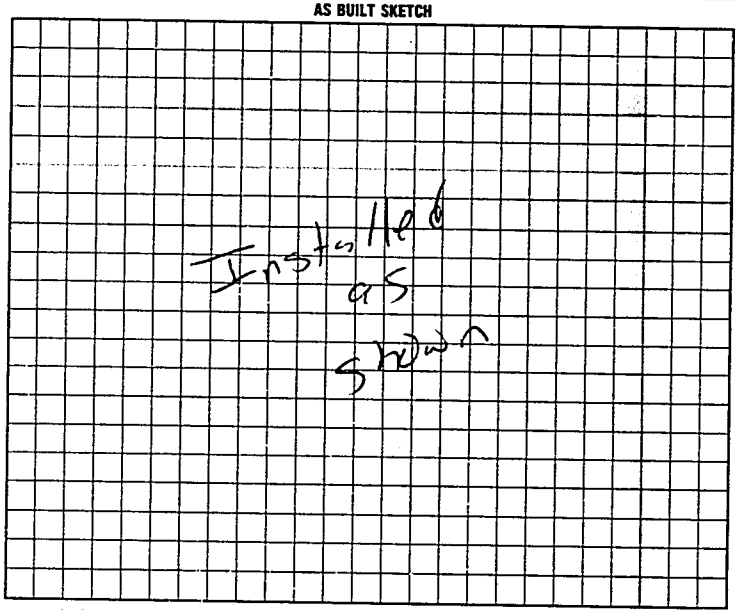
Comments:

CUL-DE-SAC

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.

AUTHORIZATION TO CONSTRUCT 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: ____

Improvement Permit by: STEVE HENDRICK date 10-28-96

Existing System Inspection by: STEVE HENDRICK date 10-28-96

AUTHORIZATION TO CONSTRUCT

Installed by: A-1

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

Operation Permit by: Mark C Ohs RS date 6/10/97

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