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. 25124 DATE 10-28-96 PIN/MAP NO. 4726623236

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

ADDRESS 310 TREEBARK ROAD STATESVILLE, NC 28677

LOCATION NC 115 N, TL SCOTT CREEK RD TL HYDE LANE, LOT AT END ON LEFT

SUBDIVISION HAMPTON GLEN BLOCK / SECTION II LOT 25 LOT AREA 17,495.19 FT² SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Watershed: ☐ Yes ☒ No

Septic Tank: 1000 Gallons; STB 1012 Date 7-11-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ~~1200~~ 1200 Linear Feet 300ft

No Lines SIX 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: APPS, PUMP

Maintenance Agreement Required: ☐ Yes ☒ No

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

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ___

☐ Other

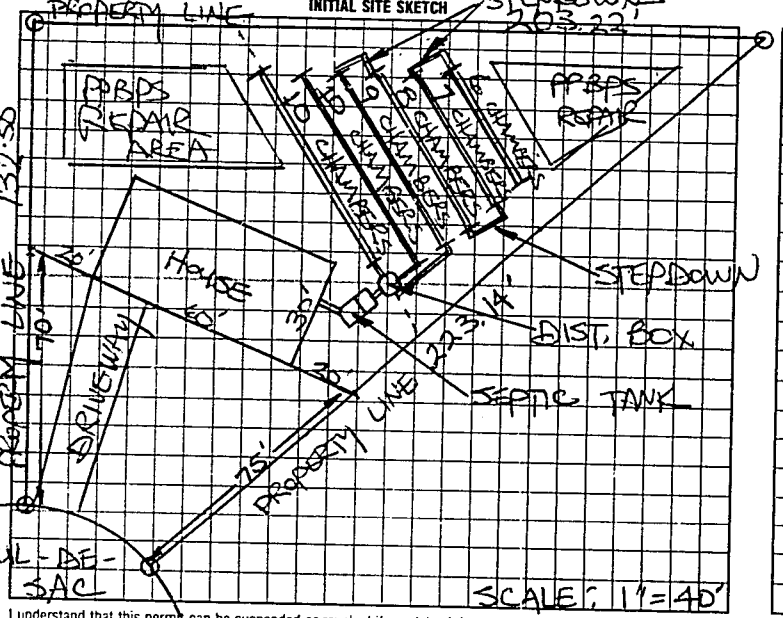
Water Supply: ☐ Individual ☐ Community ☒ Public

Comments: ① INSTALL 50 CHAMBERS IN SIX LINES EXACTLY AS SHOWN

② SCOUR TRENCH SIDEWALLS WHERE SMEARING OCCURS.

Comments:

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.

AUTH. 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: _____

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

AUTHORIZATION TO CONSTRUCT

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

Installed by: A-1 BACKHOE

~~Certificate of Completion by:~~ _____ date _____

Operation Permit by: STEVE HENDRICK date 9-19-97

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