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. ~~4715 05 5888~~ DATE 12-20-96 PIN NO. 4726628318

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 RD TL HYDE LANE, LOT AT CUL-DE-SAC ON (L)

SUBDIVISION HAMPTON GLEN BLOCK / SECTION II LOT 24 LOT AREA 15,122.5 ft² SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/ft²

Watershed: ☐ Yes ☒ ~~No~~

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

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 60 TO 200 Lineal Feet 300+

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 PUMP

Repair System Description: PPERS

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 ____

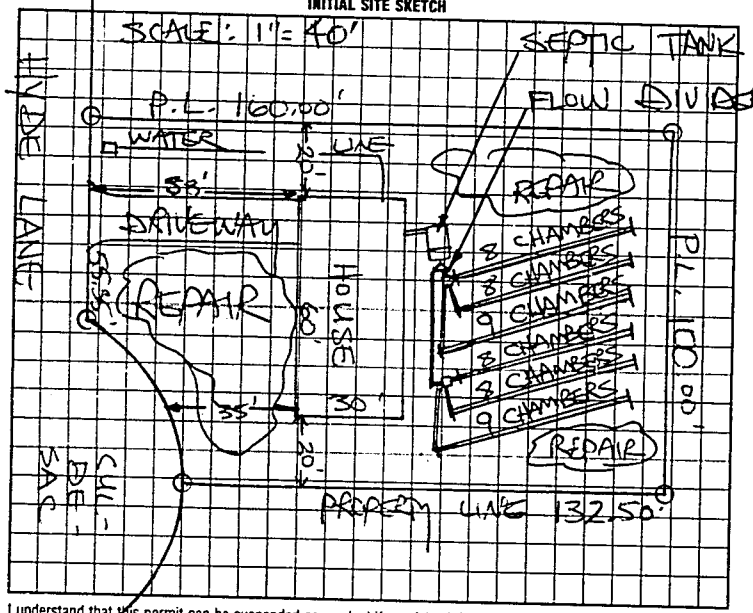
☐ Other ____

Water Supply:
☐ Individual
☐ Community
☒ Public

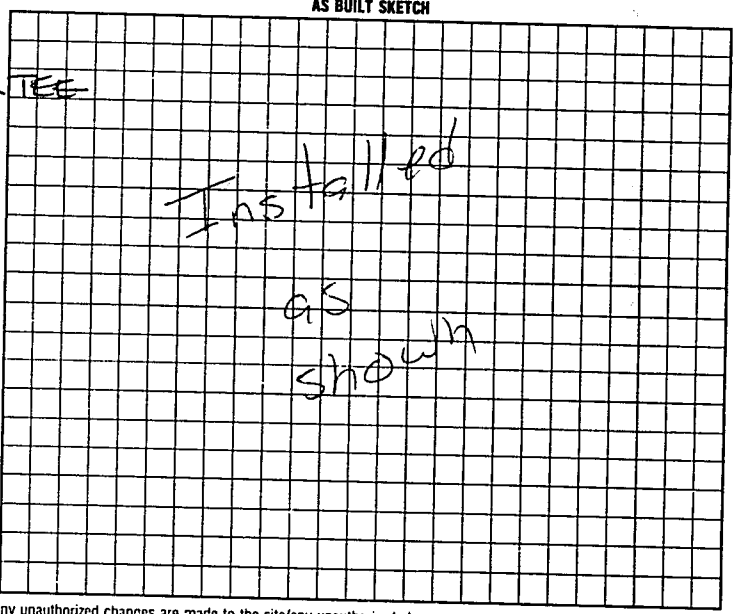
Comments: ① INSTALL 50 CHAMBERS IN SIX LINES AS SHOWN ON CONTOUR ② USE ONE FLOW DIVIDER TEE TO SPLIT EFFLUENT EVENLY INTO TWO DISTRIBUTION BOXES FEEDING THREE LINES EACH.

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. Improvement Permit is valid for 60 months from date of issuance. AMPH. TO CONST. IS VALID FOR 60 MONTHS

Signed: ____

Improvement Permit by: STEVE HEDRICK date 12-20-96

Existing System Inspection by STEVE HEDRICK date 12-20-96

Installed by: A-1 Backhoe

Certificate of Completion by: ____ date ____

Operation Permit by ____ date 5-8-97

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