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. 25114 DATE 12-23-96 TAX MAP NO. 4726628418 Watershed: ☐ Yes ☑ No

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

ADDRESS 310 TREEBARK ROAD, STATESVILLE NC 28677

LOCATION NC 115 N, TL SCOTTS CREEK ROAD, TL HYDE LANE, 5TH LOT ON LEFT

SUBDIVISION HAMPTON GLEN BLOCK / SECTION II LOT 23 LOT AREA 100' X 160' SITE CLASS. PS1 DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 5-30-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Fect EQ. TO 1200 Linear Feet 300+

No Lines FIVE 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: PPPBS, GRAV./pump

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

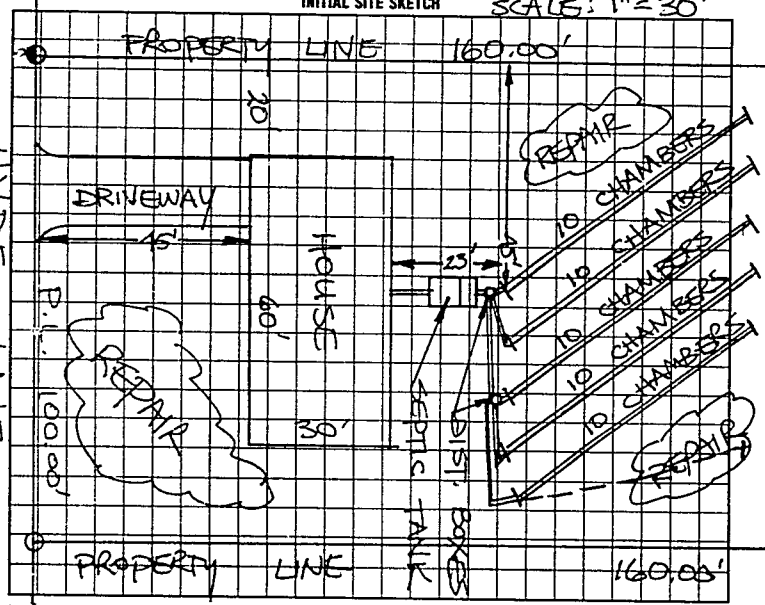
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

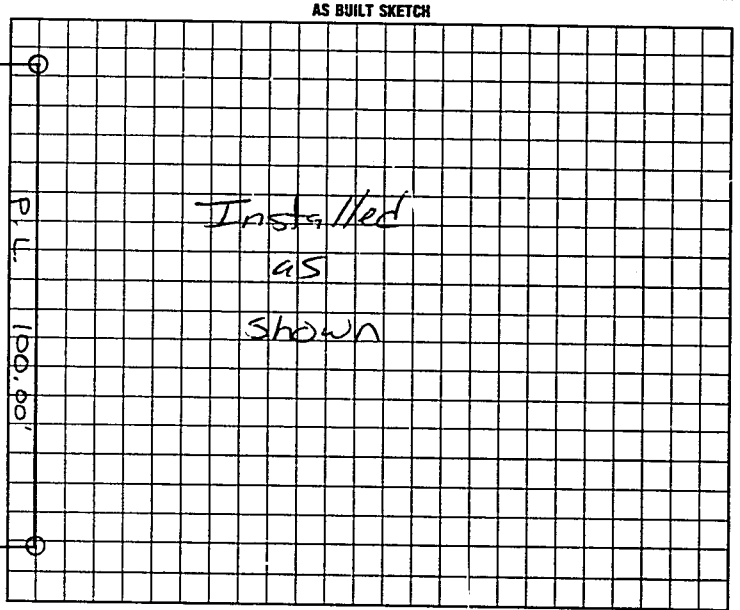
Comments: ① INSTALL FIFTY CHAMBERS IN FIVE EQUAL LENGTH LINES ON CONTOUR AS SHOWN. ② KEEP SYSTEM MINIMUM 10' FROM PROPERTY LINE

Comments:

INITIAL SITE SKETCH SCALE: 1" = 30'



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. AUTH. TO CONST. IS VALID FOR A PERIOD OF 60 MONTHS FROM DATE OF ISSUANCE.

Signed: _____

Improvement Permit by: STEVE HEARICK date 12-23-96

AUTH. TO CONST. ~~Existing System Inspection~~ by: STEVE HEARICK date 12-23-96

Installed by: A-1 Backhoe

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

Operation Permit by: Mark Outlaw RS date 8-5-97

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

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