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. 2513 UG4715 DATE 12-20-96 TAX MAP NO. PIN# 4726628518 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, TL SCOTTS CREEK ROAD, TL HYDE LANE, 4TH LOT ON LEFT.

SUBDIVISION HAMPTON GLEN BLOCK / SECTION II LOT 22 LOT AREA 16,000 FT² SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB ____ Date 5-26

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet REQ. TO 1200 Linear Feet 300 T

No Lines FOUR 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, GRAV. 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 ____

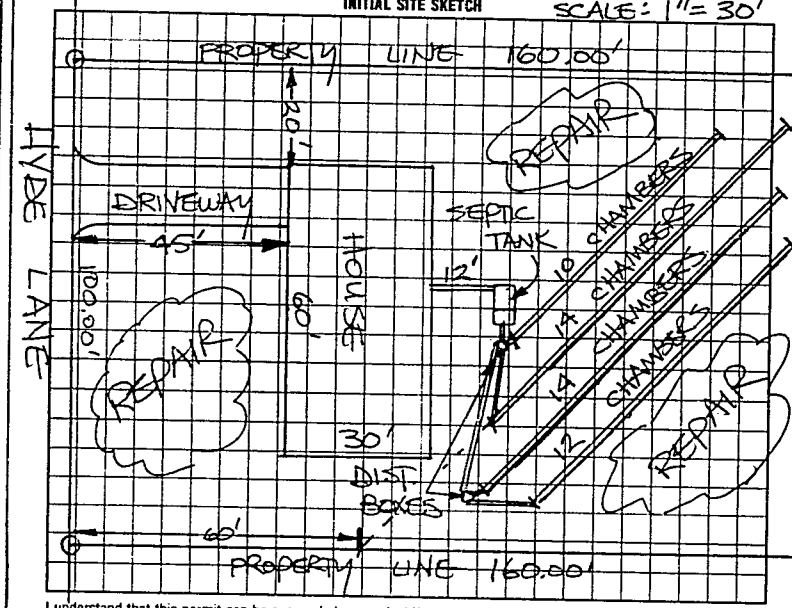
☐ Other ____

Water Supply: ☐ Individual ☐ Community ☑ Public

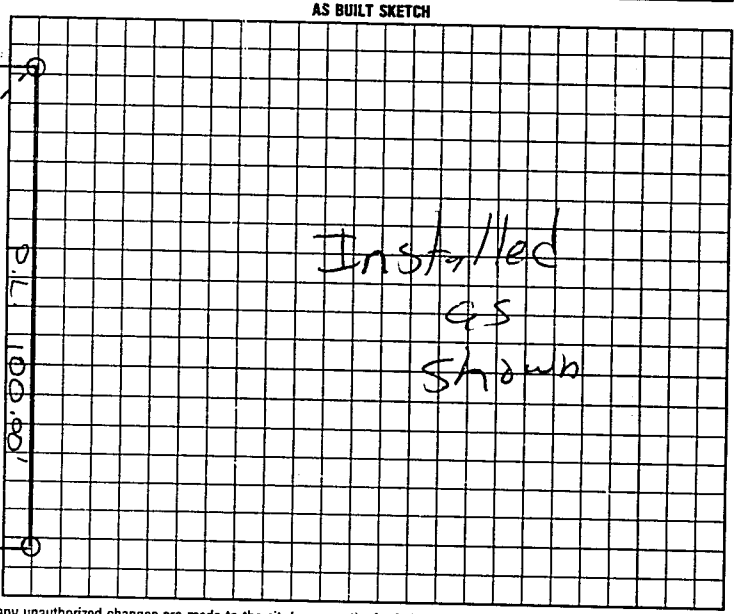
Comments: INSTALL 50 CHAMBERS IN FOUR LINES OF LENGTHS AS SHOWN, ON CONTOUR.

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 60 MONTHS.

Signed: ____

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

AUTH. TO CONST. ~~Existing System Inspection~~ by: STEVE HEDRICK date 12-20-96

Installed by: A-1 Backhoe

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

Operation Permit by: Mary C Cutts 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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