IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

6389G

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 25112 DATE 10-28-96 PIN/TAX MAP NO. 4726628727 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 RD, TL HYDE LANE, 3RD LOT ON LEFT

SUBDIVISION HAMPTON GLEN BLOCK / SECTION II LOT 21 LOT AREA 16,000 ft² SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GAD/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 10-11-96
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 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: APBPS GRAVITY
Maintenance Agreement Required: ☐ Yes ☒ No

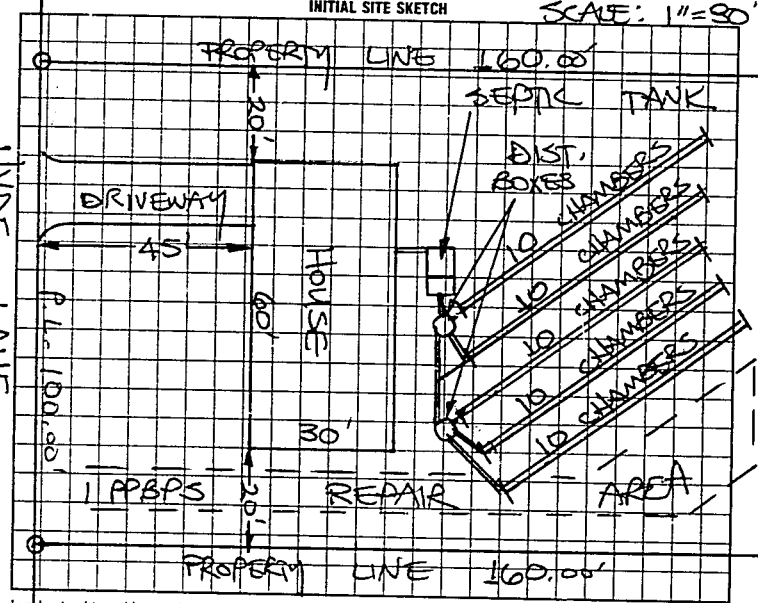
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

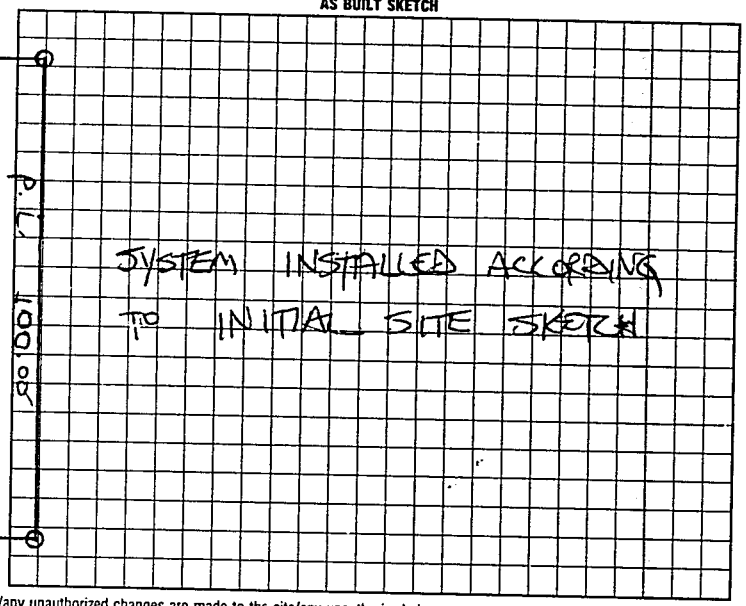
Comments: INSTALL 50 CHAMBERS IN FIVE EQUAL LENGTH LINES AS SHOWN

Comments:

INITIAL SITE SKETCH SCALE: 1"=80'



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.

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 HEDRICK date 10-28-96

AUTHORIZATION TO CONSTRUCT

~~Existing System Inspection by:~~ STEVE HEDRICK date 10-28-96

Installed by: A-1 BACKHOE

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

Operation Permit by: STEVE HEDRICK date 1-30-97

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

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