IREDELL COUNTY HEALTH DEPARTMENT

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

63254

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

PROPERTY DESCRIPTION NO. 25111 DATE 9-23-96 PIN Tax MAP NO. 4726628727

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

ADDRESS 310 TREEBARK ROAD STATESVILLE, NC 28677 Watershed: ☐ Yes ☒ No

LOCATION NC 115 N, TL SCOTTS CREEK RD, TL HYDE LANE, 2ND LOT ON LEFT

SUBDIVISION HAMPTON GLEN BLOCK / SECTION II LOT 20 LOT AREA 100 x 160 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 8-9-96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ. TO 1000 Linear Feet 300+

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: CHAMBERED GRAVITY

Repair System Description: CHAMBERED GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth N/A ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

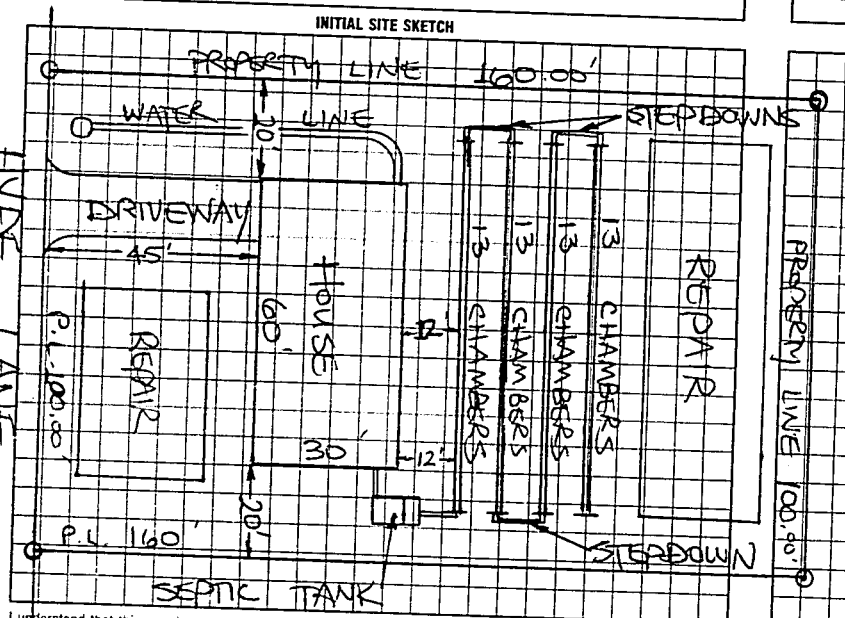
☐ Other

Water Supply: ☐ Individual ☐ Community ☒ Public

Comments: INSTALL FIFTY-TWO CHAMBERS IN FOUR EQUAL LENGTH LINES AS SHOWN

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED ACCORDING TO INITAL 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.

Signed: _____

AUTH. TO CONST. IS VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IP NOT TO EXCEED FIVE YEARS. IP W/ SITE PLAN IS VALID FIVE YEARS

Improvement Permit by: STEVE HEDRICK date 9-23-96

AUTHORIZATION TO CONSTRUCT

Existing System Inspection by: STEVE HEDRICK date 9-23-96

Installed by: A-1 BACKHOE

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

Operation Permit by: STEVE HEDRICK date 11-20-96

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