pd 925 9-25-97

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. 25118 9645 DATE 9-11-97 TAX MAP NO. 4726629198 Watershed: ☐ Yes ☑ No

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

ADDRESS 310 TREEBARK ROAD STATESVILLE NC 28677

LOCATION NC 115N, TL SCOTTS CREEK RD, TL HAMPTON GLEN DRIVE AT END ON RIGHT

SUBDIVISION HAMPTON GLEN BLOCK / SECTION II LOT 10 LOT AREA 17,923.45 Ft² SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/Ft²

Septic Tank: 1000 Gallons; STB 1012 Date 9/8/97
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 NA

☑ New System ☐ Repair System Type: ☐ III ☐ IV, V, VI
System Description: CHAMBERED GRAVITY
Repair System Description: PPBPS, PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

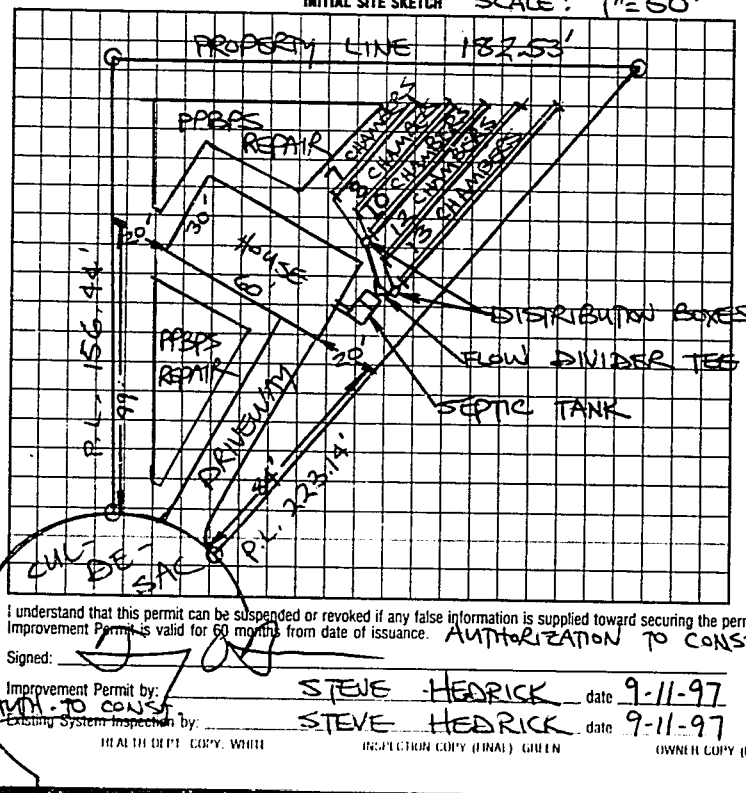
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: ① INSTALL FIFTY CHAMBERS AS SHOWN BELOW. ② USE ONE FLOW DIVIDER TEE TO ACHIEVE EQUAL DISTRIBUTION INTO TWO DIST. BOXES FEEDING FIFTEEN CHAMBERS EACH.

Comments: PLUMBING STUBBED OUT FROM BACK OF HOUSE AT DECK - RESULTING IN DEEPER SYSTEM DEPTH

INITIAL SITE SKETCH SCALE: 1"=50'



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL 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. Improvement Permit is valid for 60 months from date of issuance. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE.

Signed: ____ Installed by: A-1 BACKHOE

Improvement Permit by: STEVE HEDRICK date 9-11-97
AUTH. TO CONST.

~~Existing System Inspection by:~~ STEVE HEDRICK date 9-11-97

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

Operation Permit by: STEVE HEDRICK date 11-26-97

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