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. 2514-96-6533 DATE 11-23-96 TAX MAP NO. 4726629246 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 HAMPTON GLEN DRIVE, LOT AT CUL-DE-SAC ON RIGHT

SUBDIVISION HAMPTON GLEN BLOCK / SECTION II LOT 11 LOT AREA 17,494.93 FT² SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1017 Date 7-1-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ED. 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: PPBPS & GRAVITY, PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

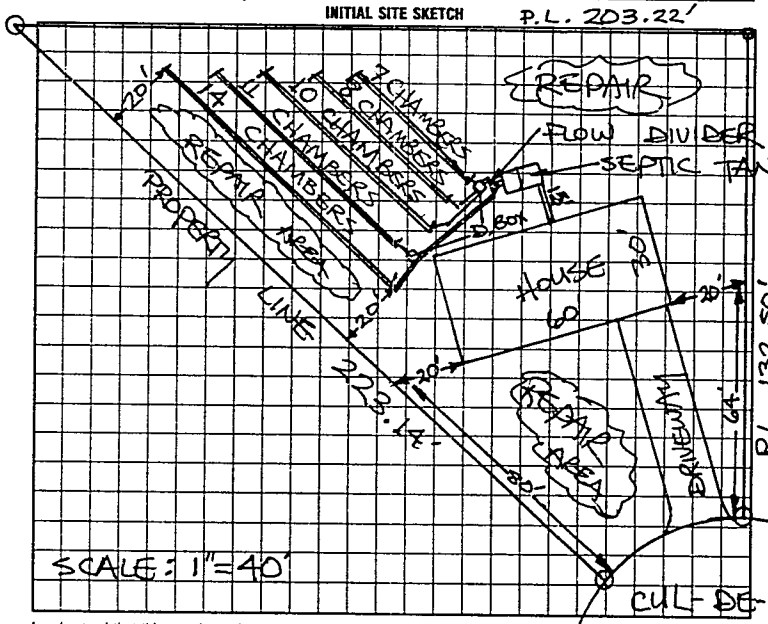
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

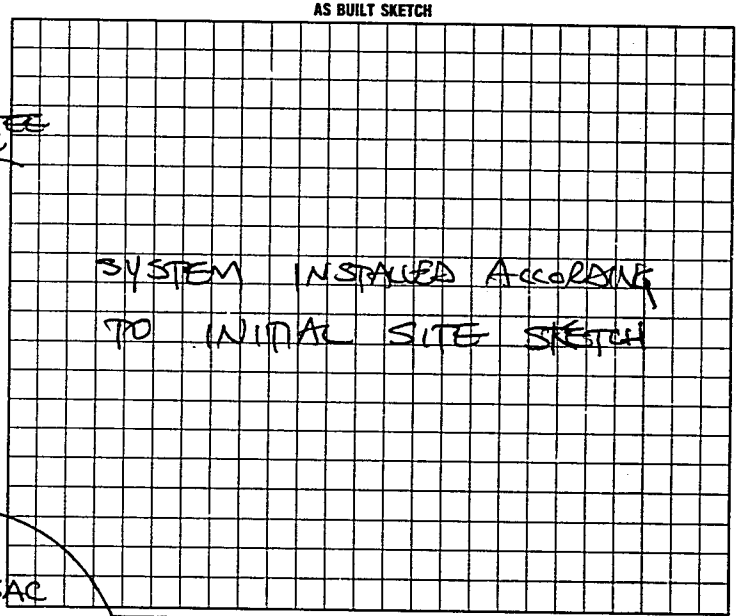
Comments: ① INSTALL 50 CHAMBERS IN FIVE LINES AS SHOWN ON CONTOUR ② USE ONE FLOW DIVIDER TEE TO DISTRIBUTE EFFLUENT EQUALLY INTO TWO DISTRIBUTION BOXES FEEDING 25 CHAMBERS EACH AS SHOWN.

Comments:

INITIAL SITE SKETCH



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 IP not to exceed five years. IP w/site plan is valid five years.

Signed: _____

Improvement Permit by: STEVE HEDRICK date 11-23-96

Authorization to Construct XXXXXXXXXXXXXXX by STEVE HEDRICK date 11-23-96

Installed by: A-1 BACKHOE

Certificate of Completion by: _____ date _____

Operation Permit by STEVE HEDRICK date 9-19-97

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

092000