63149

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. 25107 DATE ____ ~~TAX MAP~~ NO. PIN NO. 4726629477 Watershed: ☐ Yes ☒ ~~No~~

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

ADDRESS 310 TREEBARK ROAD STATESVILLE NC 28677

LOCATION NC 115 N, TL SCOTTS CREEK RD, TL HAMPTON GLEN DRIVE, 5TH LOT ON RIGHT

SUBDIVISION HAMPTON GLEN BLOCK / SECTION II LOT 13 LOT AREA 16,000 ft² SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 8-6-96
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet ~~TO~~ TO 1200 Linear Feet 300+
No Lines SIX 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: PPBRS PUMP-FED
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Other ____

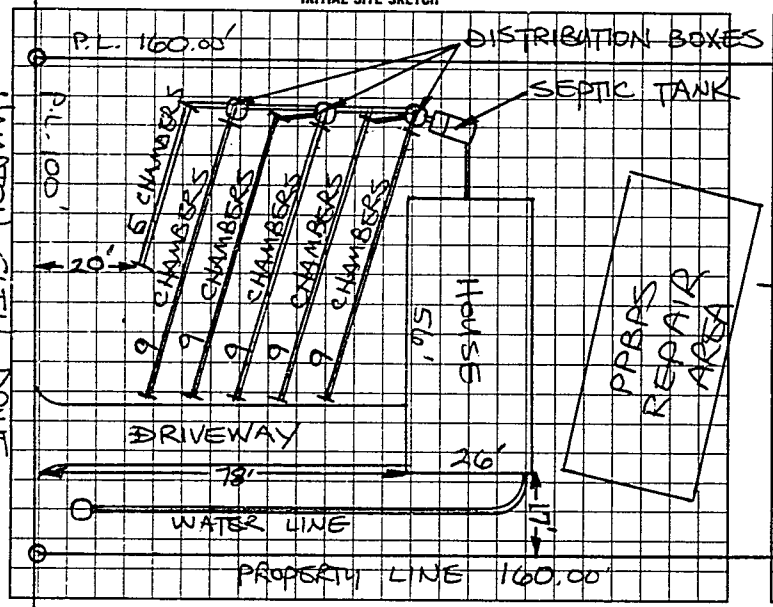
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ ~~Public~~

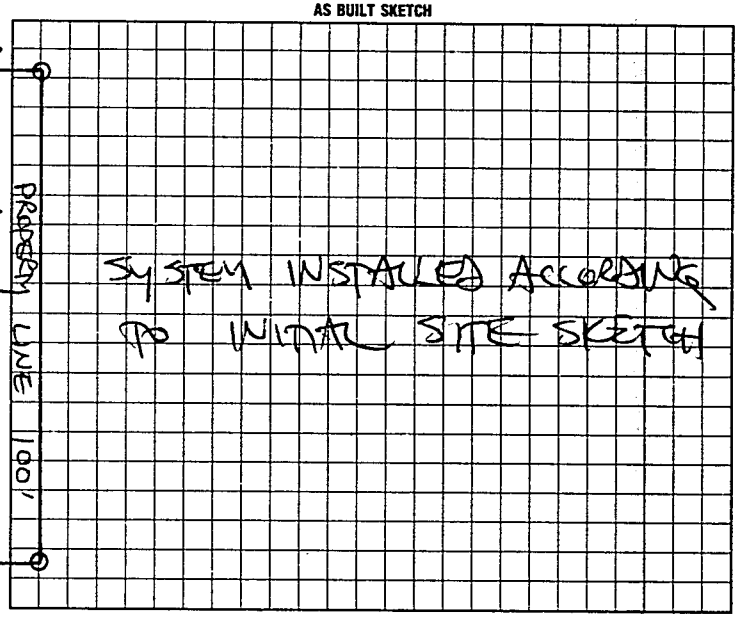
Comments: INSTALL 50 CHAMBERS IN SIX LINES EXACTLY AS SHOWN

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 I.P. NOT TO EXCEED FIVE YEARS. I.P. W/ SITE PLAN IS VALID FIVE YEARS.

Signed: ____

Improvement Permit by: STEVE HEDRICK date 9-17-96

AUTHORIZATION TO CONSTRUCT

~~Existing System Inspection~~ by: STEVE HEDRICK date 9-17-96

Installed by: A-1 BACKHOE

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

Operation Permit by: STEVE HEDRICK date 11-22-96

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

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