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. 25109-076027 DATE 11/22/96 PIN MAP NO. 4762629687

OWNER OR CONTRACTOR CRANDALL & O'BRIEN CONST. PHONE; Business 871-1536 Home

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

LOCATION NC 115 N, TL SCOTTS CREEK ROAD, TL HAMPTON GLEN DRIVE, 3RD LOT ON RIGHT

SUBDIVISION HAMPTON GLEN BLOCK / SECTION II LOT 15 LOT AREA 100x160 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GAD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 9-9-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ER. TO 1200 Linear Feet 300+

No Lines AVE 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: PPBPS PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth N/A

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

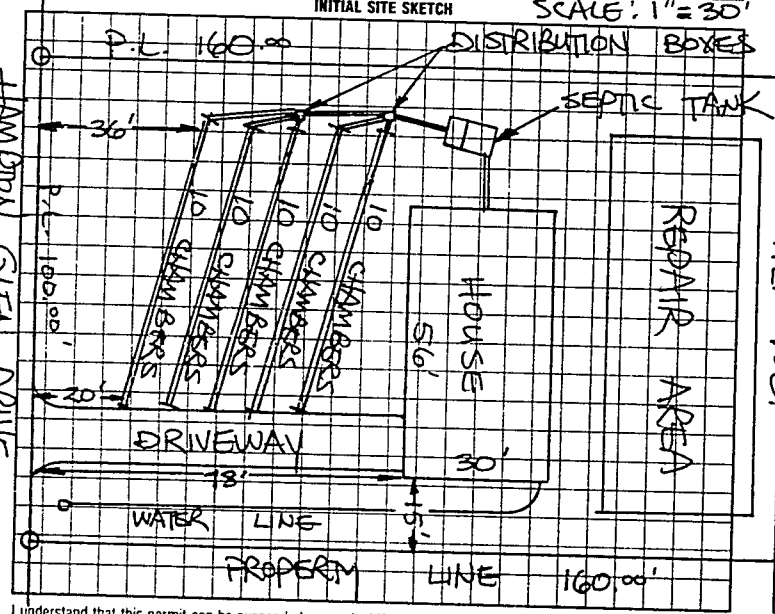
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

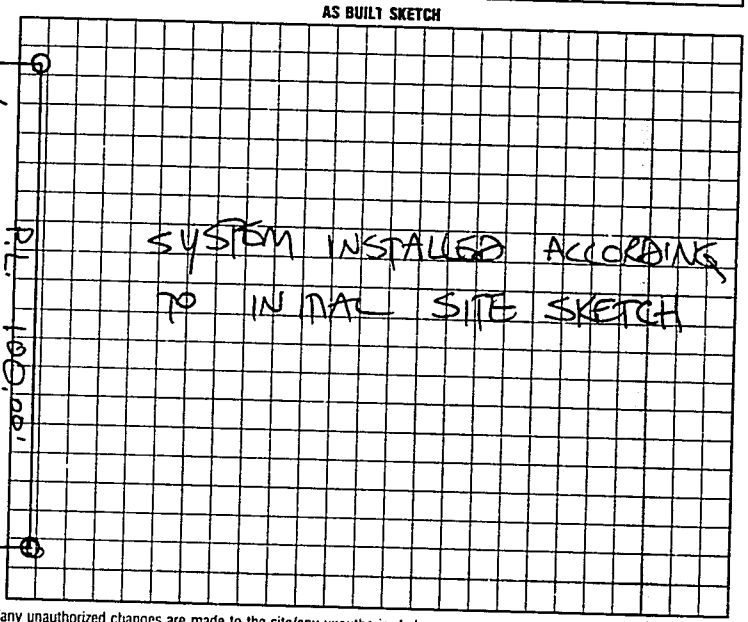
Comments: INSTALL FIFTY CHAMBERS IN FIVE EQUAL LENGTH LINES AS SHOWN ON CONTOUR

Comments: KEEP WATER LINE MINIMUM 10' FROM

INITIAL SITE SKETCH SCALE: 1"=30'



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 11-22-96

Authorization to Construct

Construction Evaluation by STEVE HEDRICK date 11-22-96

Installed by: A-1 BACKHOE

Certificate of Completion by: _____ date _____

Operation Permit by STEVE HEDRICK date 12-2-97

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