IREDELL COUNTY HEALTH DEPARTMENT

Not on Computer

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

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

PROPERTY DESCRIPTION NO. 18644 DATE 6/9/94 TAX MAP NO. 9A-A-5

OWNER OR CONTRACTOR MARK B. DOUGHERTY PHONE: Business Home 873-8632 Watershed: ☐ Yes ☑ No

ADDRESS 203 MARJORIE ROAD, STATESVILLE NC 28677

LOCATION NC 115 N, TR SCOTTS CREEK RD, AT 6TH HOUSE ON (R) PAST BROOKHOLLOW DRIVE

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3.70 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.33 GPD/FT2

Septic Tank: 1000 Gallons; STB 1012 Date 6/25/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 3 Trench Width 36" Max Trench Bottom Depth 18-36 Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

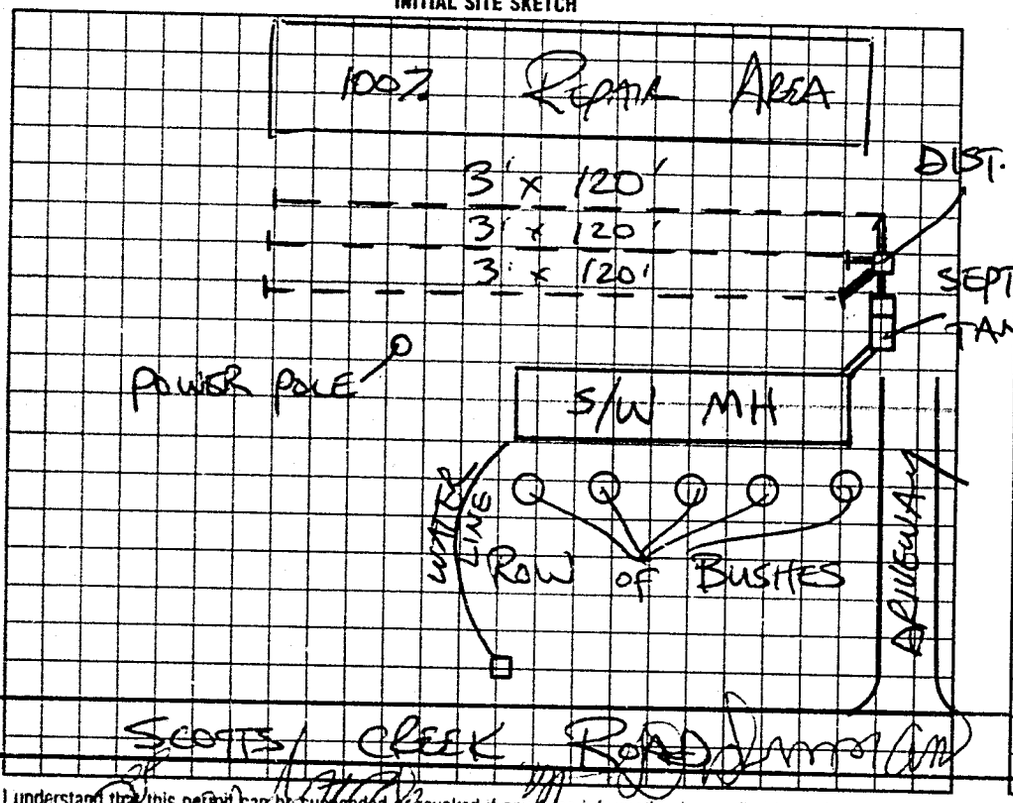
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: ① KEEP SYSTEM MINIMUM 5' FROM MH, 10' FROM PROPERTY LINE, 10' FROM WATER LINE ② INSTALL LINES ON CONTOUR, NO DEEPER THAN 36" 9' APART ON CENTER

Comments:

INITIAL SITE SKETCH



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.

Signed: _____ WITNESSED BY: Arlene Blansett

Improvement Permit by: STEVE HEDRICK date 6/9/94

Existing System Inspection by: _____ date _____

Installed by: JAMES HUDLER

Certificate of Completion by: STEVE HEDRICK date 6/14/94

Operation Permit by _____ date _____

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