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. 25117 06439 DATE 10-26-96 PIN NO. 4726 72 1128 Watershed: ☐ Yes ☑ No

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

ADDRESS 310 TREEBARK RD, STATESVILLE NC 28677

LOCATION NC 115 N, TL SCOTTS CREEK RD, TL HAMPTON GLEN DRIVE, LOT AT END OF CUL-DE-SAC

SUBDIVISION HAMPTON GLEN BLOCK / SECTION II LOT 9 LOT AREA 17,932.93 FT² SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 8-9-96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines EIGHT 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: PRESS, PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth N/A ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

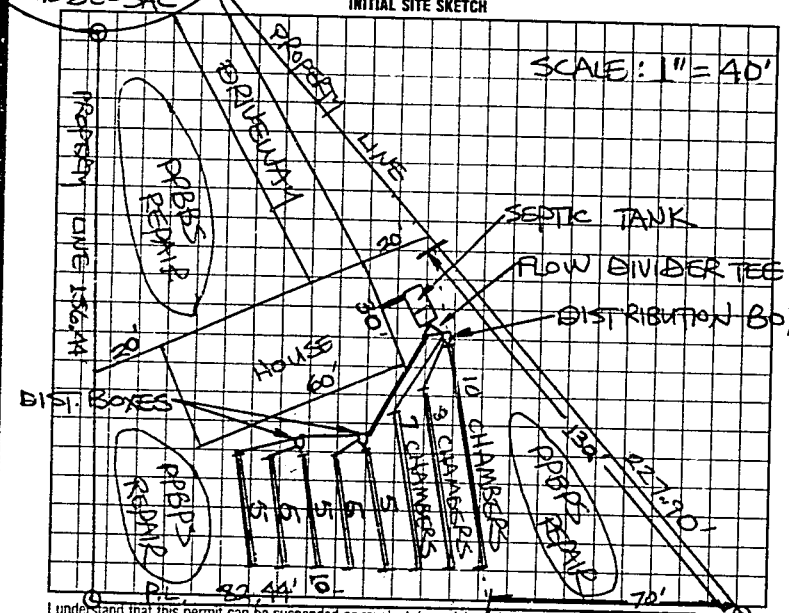
☐ Other

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: ① INSTALL 50 CHAMBERS IN TWO SUBFIELDS OF 25 CHAMBERS EACH ② USE ONE FLOW DIVIDER TEE TO ACHIEVE EQUAL DISTRIBUTION INTO EACH SUBFIELD.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

Same

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.

Signed: _____

ANTI-DEGRADATION 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.

Improvement Permit by: STEVE HEARK date 10-26-96

ANTI-DEGRADATION TO CONSTRUCT

Existing System Inspection by: STEVE HEARK date 10-26-96

Installed by: A-1 BACKHOE

Certificate of Completion by: _____ date _____

Operation Permit by: [signature] date 10-14-97

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