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. 24328 DATE 12-20-96 TAX MAP NO. 9A-A-34 (PART OF) Watershed: ☐ Yes ☑ No

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

ADDRESS 310 TREEBARK ROAD, STATESVILLE, NC 28677

LOCATION NC 115 N, TL SCOTTS CREEK ROAD, TL HAMPTON GLEN DRIVE, 5TH LOT ON LEFT

SUBDIVISION HAMPTON GLEN BLOCK / SECTION II LOT 5 LOT AREA 15,996.6 FT² SITE CLASS. FS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 7-12-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 600 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: PBBPS, pump ~~repair~~

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

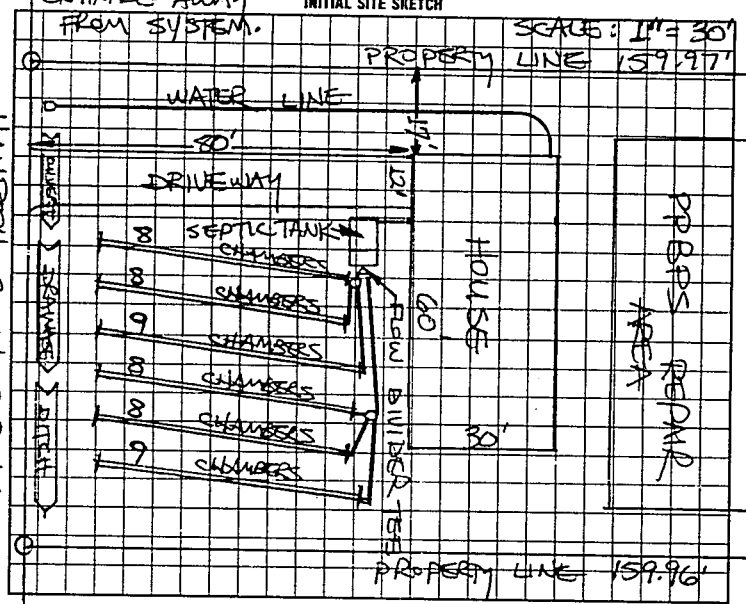
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

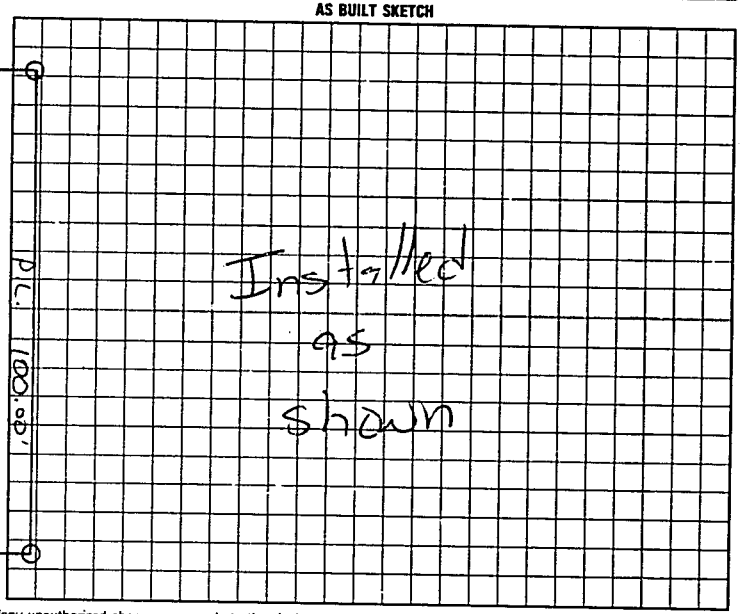
Comments: ① INSTALL 50 CHAMBERS IN SIX LINES AS SHOWN ② USE ONE FLOW DIVIDER TO SPLIT EFFLUENT EVENLY INTO TWO DISTRIBUTION BOXES FEED THREE LINES EACH ③ LANDSCAPE TO PROVIDE DRAINAGE AWAY FROM SYSTEM.

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. Improvement Permit is valid for 60 months from date of issuance. AUTH. TO CONST. IS VALID FOR 60 MONTHS.

Signed: _____

Improvement Permit by: STEVE HEDRICK date 12-20-96

AUTH. TO CONST. ~~Existing System Inspection~~ by STEVE HEDRICK date 12-20-96

Installed by: A-1

~~Certificate of Completion by~~: _____ date _____

Operation Permit by: Mat CO of BS date 6-10-97

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

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