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. 24327 07141Z DATE 8-23-96 TAX MAP NO. 9A-A-34 (PART OF) Watershed: ☐ Yes ☑ No

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

ADDRESS 310 TREEBARK ROAD STATESVILLE, NC 28677

LOCATION NC 115 N TL SCOTTS CREEK RD TL HAMPTON GLEN DR, 4TH LOT ON LEFT

SUBDIVISION HAMPTON GLEN BLOCK / SECTION II LOT 4' LOT AREA 15,997.61 FT² SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 11-15-97

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 SIX Trench Width 36 Max Trench Bottom Depth 24-36" Gravel Depth N/A

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

System Description: CHAMBERED GRAVITY

Repair System Description: PBPS PUMPED

Maintenance Agreement Required: ☐ Yes ☑ No (0.25 GPD)

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

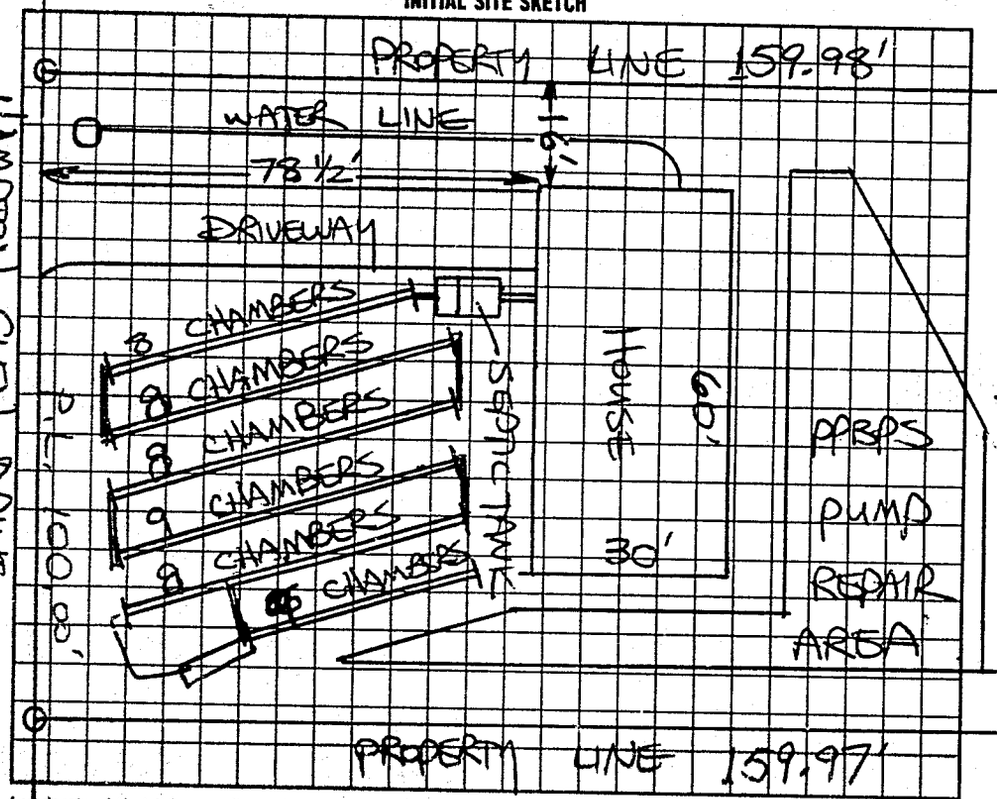
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

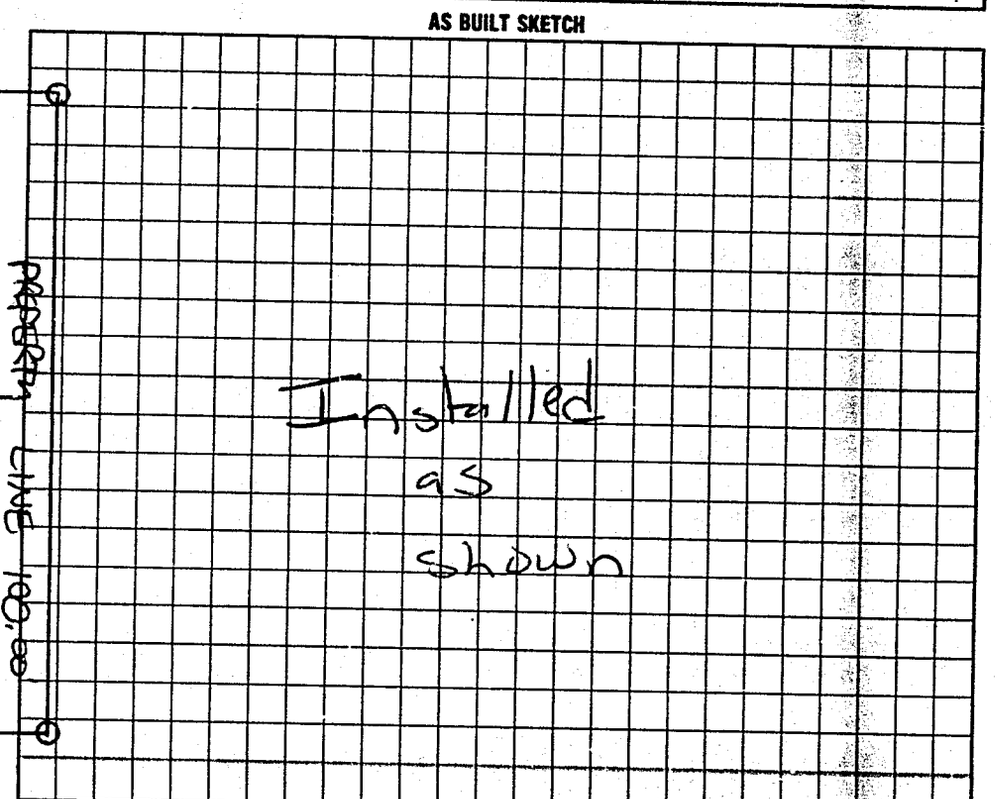
Comments: ① INSTALL 50 CHAMBERS IN SIX LINES AS SHOWN ② USE STEP-DOWNS AT CHAMBER ENDS TO ACHIEVE SERIAL DISTRIBUTION.

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 FOR FIVE (5) YEARS.

Signed: ____

Improvement Permit by: STEVE HEDRICK date 8-23-96

~~Auth. to Const.~~ ~~Existing System Inspection~~ by: STEVE HEDRICK date 8-23-96

Installed by: A-1 Backhoe

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

Operation Permit by: [signature] PS date 3-4-98

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