62857

IREDELL COUNTY HEALTH DEPARTMENT

AUTH. CONST. STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PROPERTY DESCRIPTION NO. 24325 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, 2ND LOT ON LEFT

SUBDIVISION HAMPTON GLEN BLOCK / SECTION II LOT 2 LOT AREA 15,999.61 FT² SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 7-17-96

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 4 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: CHAMBERED GRAV/pump

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

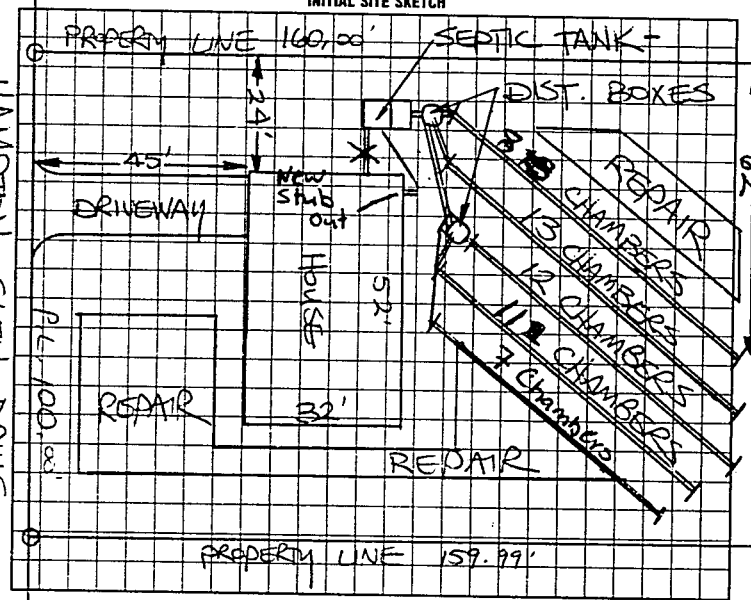
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

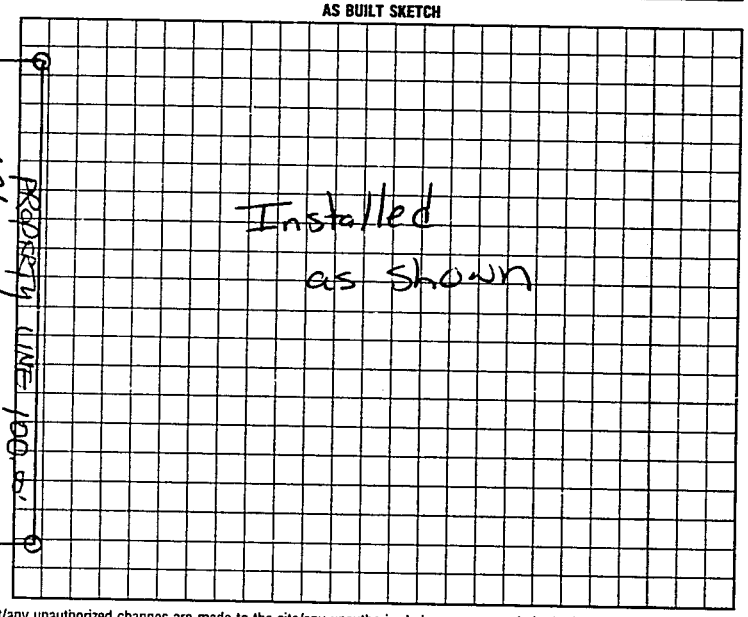
Comments: ① INSTALL 50 CHAMBERS IN FOUR LINES AS SHOWN

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 YEARS.

Signed: ____

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

AUTH. TO CONST. ~~Existing System Inspection~~ by: STEVE HENDRICK date 8-23-96

Installed by: A-1 Backhoe

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

Operation Permit by: [signature] date 10-4-96

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