IREDELL COUNTY HEALTH DEPARTMENT

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

54483

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

PROPERTY DESCRIPTION NO. 20204 DATE 2/1/95 TAX MAP NO. 9A-8-A-40 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR HOPE BROTHERS PHONE: Business _____ Home 872-4111

ADDRESS 1120 BARKLEY ROAD STATESVILLE NC 28677

LOCATION NC 115 N TL SCOTTS CREEK ROAD, TR BROOKHOLLOW DRIVE 9TH LOT ON ~~RIGHT~~ LEFT

SUBDIVISION BROOKHOLLOW BLOCK / SECTION _____ LOT 40 LOT AREA 100'X150' SITE CLASS. PS' DESIGN FLOW 360 L.T.A.R. 0.4 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 3/15/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model EQUINOX Serial No. 223'

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

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

System Description: ~~CONVENTIONAL GRAVITY~~ ASBS

Repair System Description: CONV. PUMPED

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

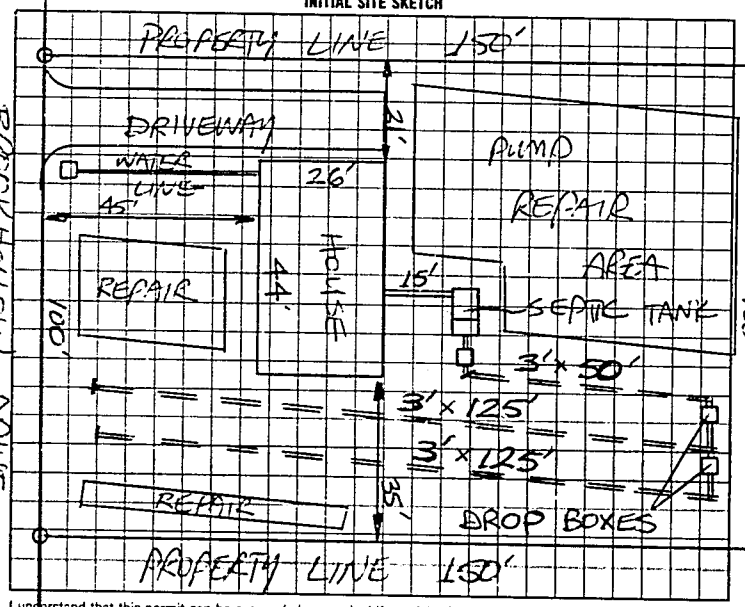
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Community
☒ Public

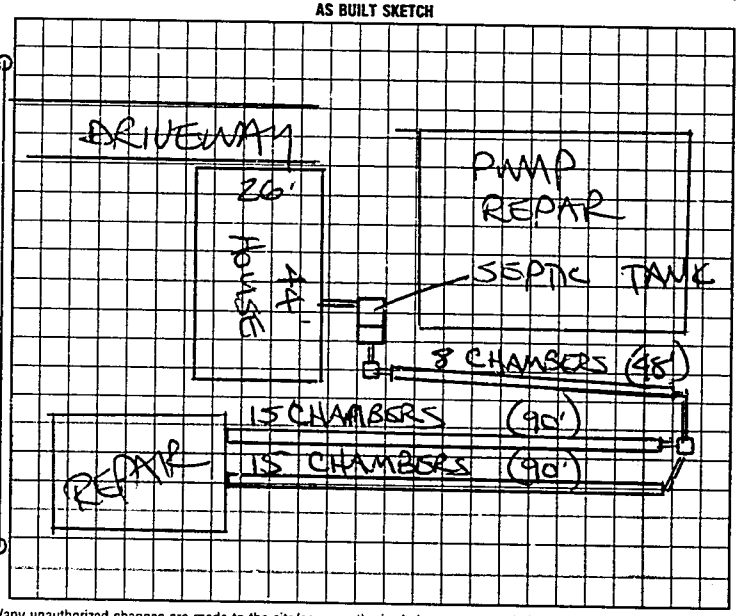
Comments: ① KEEP SYSTEM MINIMUM 15' FROM BASEMENT DRAIN, 10' FROM PROPERTY LINE 5' FROM HOUSE (CLOSE) ② INSTALL LINES AS SHOWN, ON CONTOUR, NO DEEPER THAN 36", 9' APART ON CENTERS.

Comments: *CHAMBERS USED AT OWNER'S REQUEST 38 CHAMBERS FOR 228' LINEAR EQUIVALENT TO 900FT²

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.

Signed: _____

Improvement Permit by: STEVE HEDRICK date 2/1/95

Existing System Inspection by _____ date _____

Installed by: ARNIE DUNCAN

Certificate of Completion by: STEVE HEDRICK date 6/19/95

Operation Permit by _____ date _____

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

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