IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 54548

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

PROPERTY DESCRIPTION NO. 20315 DATE 2/16/95 TAX MAP NO. 9A-8-A-4 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR TIMOTHY HODE PHONE: Business _____ Home 871-1193

ADDRESS 105 HOLLOWBROOK ROAD STATESVILLE NC 28677

LOCATION NC 115 N, TL SCOTTS CREEK, TR BOWMAN ROAD, 9TH LOT ON LEFT

SUBDIVISION BROOKHOLLOW BLOCK / SECTION _____ LOT 9 LOT AREA 100 x 150 SITE CLASS. P3 DESIGN FLOW 360 L.T.A.R. 0.4 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 3/10/95
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 6 Trench Width 36" Max Trench Bottom Depth 18-36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONV. GRAVITY PUMP
Repair System Description: CONV. ~~GRAVITY~~ PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

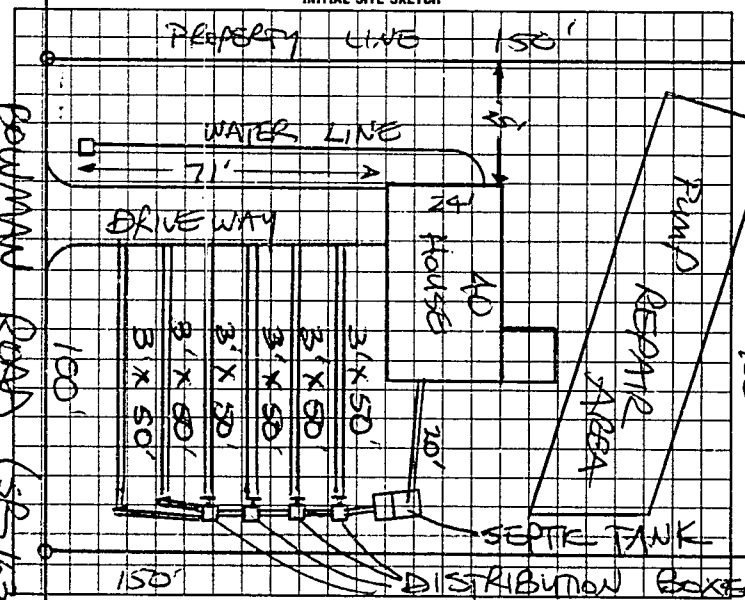
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Community
☑ Public

Comments: ① KEEP SYSTEM MINIMUM 20' FROM BASEMENT DRAIN (SIDESLOPE) 15' (BOTTOM SLOPE). ② INSTALL LINES AS SHOWN USING DISTRIBUTION BOXES LOCATED AS SHOWN.

Comments: KEEP WATER LINE MINIMUM 10' FROM SYSTEM

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: Jimmy Hardy

Improvement Permit by: STEVE HEDRICK date 2/16/95

Existing System Inspection by: _____ date _____

Installed by: ANDY DANIELS

Certificate of Completion by: STEVE HEDRICK date 5/24/95

Operation Permit by: _____ date _____

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