# 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. 24049 938/14 or DATE 7-20-96 TAX MAP NO. 9A-8-A-49 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR TM Hope 7/25/96 PHONE Business _____ Home 881-1944

ADDRESS P.O. Box 5882, STATESVILLE, NC 28677

LOCATION NC 115 N, TL Scotts Creek, TR Bellamy Rd, TR Brookhaven 2nd LOT on LEFT

SUBDIVISION Brookhaven BLOCK / SECTION _____ LOT 49 LOT AREA 3/4 AC.+ SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 3-7-97
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet EQ to 120 Linear Feet 300+
No Lines 4 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
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Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☒ Basement wo/plumbing

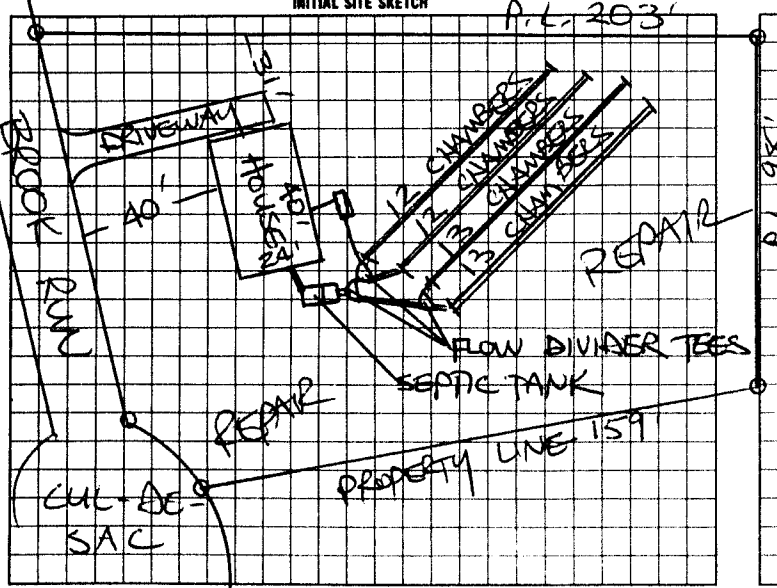
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☐ Individual ☐ Community ☐ Public

Comments: ① USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO EACH OF FOUR LINES ② INSTALL 50 CHAMBER IN FOUR LINES AS SHOWN.

Comments:
Note: checked tank + upper two lines 9/12
*Note: Tank located behind house
lines in same location

INITIAL SITE SKETCH




AS BUILT SKETCH

Drop Boxes used instead of Flow dividers
Basement has NO Plumbing
only 1/2 Basement

*Installed as shown

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.

Authorization to construct is valid five (5) years from date of issuance. Improvement Permit has no expiration date.

Signed _____

Improvement Permit by: STEVE HEDRICK date 7-20-96

Existing System Inspection by: STEVE HEDRICK date 7-20-96

AUTHORIZATION TO CONSTRUCT:

Installed by James Hudler

Certificate of Completion by _____ date _____

Operation Permit by Mary C Offerts date 4-13-99

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