11:30

59041

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. 23005 DATE 1-19-96 TAX MAP NO. 9N-1-A-47 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR JAMES H. BURCHETTE PHONE: Business _____ Home 876-2812

ADDRESS 136 CULPEPPER ROAD STATESVILLE NC 28677

LOCATION NC 115 N TR WINDY HILL RD. TL CULPEPPER RD. 1ST HOUSE ON (R) PAST CABE LANE

SUBDIVISION WINDY HILL Ac. BLOCK / SECTION _____ LOT 40 LOT AREA AMPLE SITE CLASS. PS' DESIGN FLOW 480 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 300 Linear Feet 100

No Lines 1 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees _____

☐ Other _____

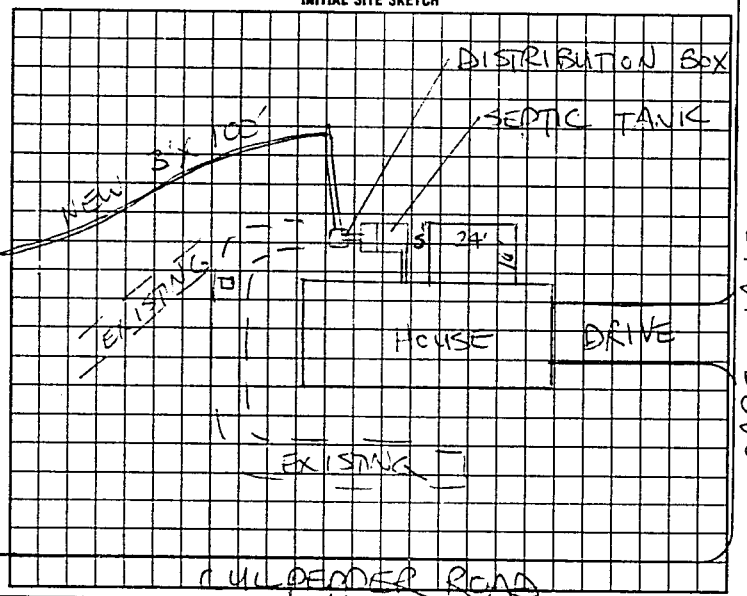
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

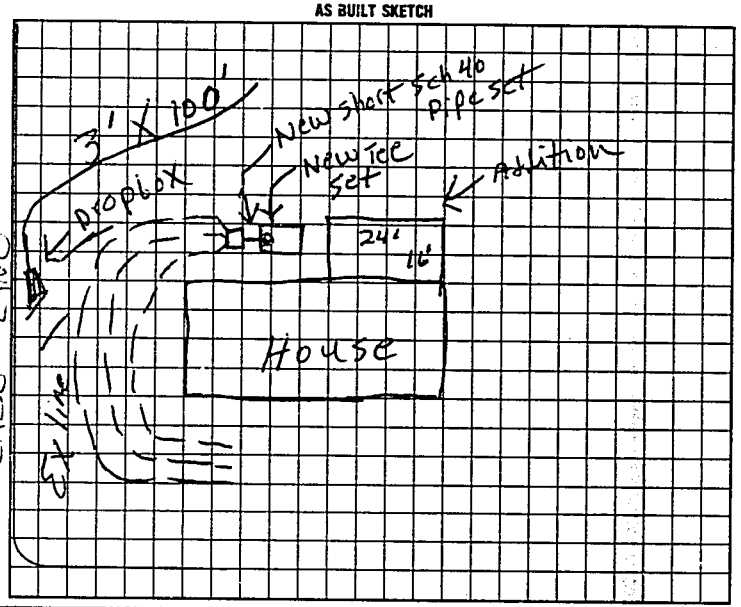
Comments: ① PUMP-OUT SEPTIC TANK ② SET NEW DIST. BOX AT LOCATION SHOWN ③ INSTALL NEW 3'X 100' LINE AS FLAGGED.

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.

AUTHORIZATION TO CONSTRUCT IS VALID FIVE (5) YEARS FROM DATE OF ISSUANCE. IMPROVEMENT PERMIT HAS NO EXPIRATION DATE.

Signed: _____

Improvement Permit by: STEVE HERICK date 1-19-96

AUTHORIZATION TO CONSTRUCT

~~Existing System Inspection~~ by: STEVE HERICK date 1-19-96

Installed by: James Hudler

~~Certificate of Completion by:~~ _____ date _____

Operation Permit by: J. C. Moore date 3-25-96

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