pd. 3/25 8-2597

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. 068708 DATE 8-16-97 TAX MAP NO. 4727 72 8333 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR PERRY W. JENKINS PHONE: Business _____ Home 872-0922

ADDRESS P.O. BOX 5877, STATESVILLE NC 28687

LOCATION NC 115 N TR, RED CHIMNEY ROAD, 2ND LOT ON RIGHT

SUBDIVISION IRMA ACRES BLOCK / SECTION _____ LOT 5 LOT AREA 0.81 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35GAD/FT²

Septic Tank: 1000 Gallons; STB _____ Date 8-16-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 30 TO 1035 Linear Feet 258+

No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: CHAMBERED GRAVITY

Repair System Description: PPBPS GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth SAND 6"

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

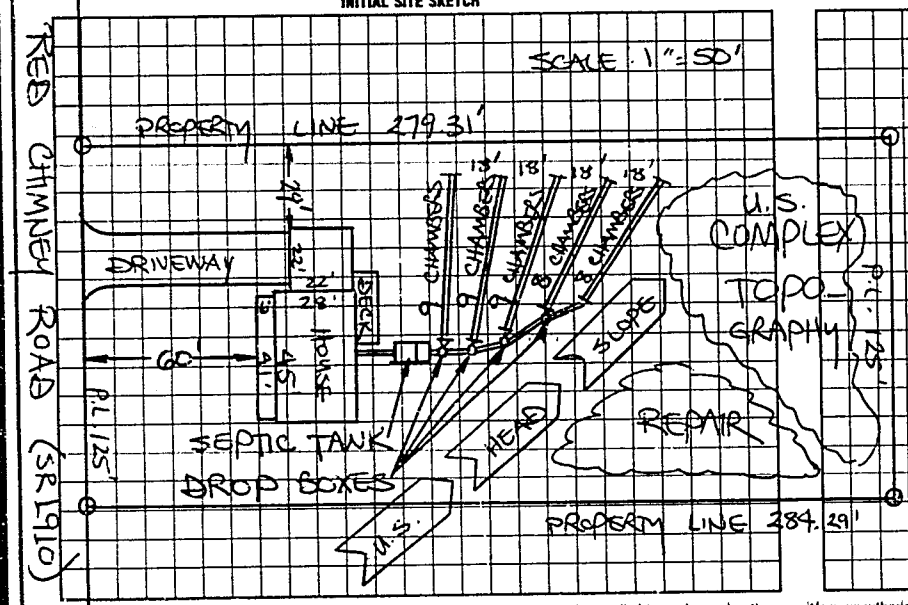
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

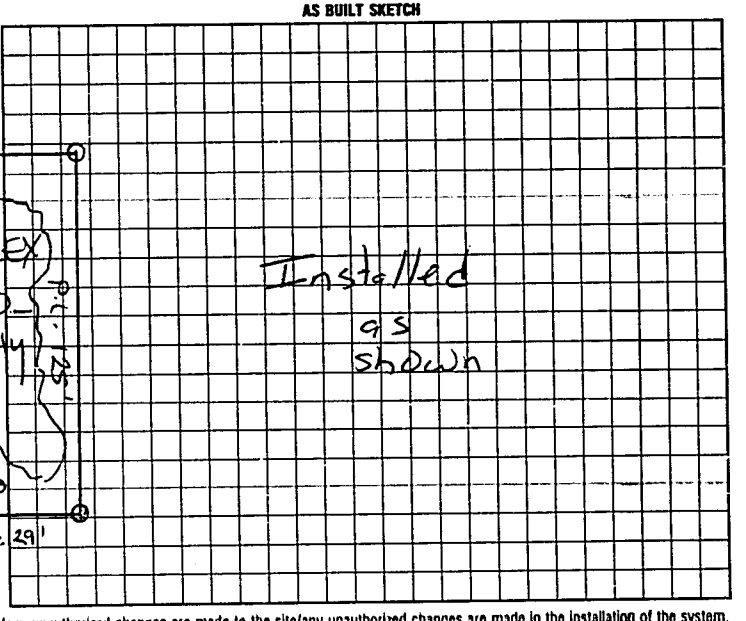
Comments: ① INSTALL 43 CHAMBERS IN FIVE LINES ON CONTOUR AS SHOWN BELOW ② USE DROP BOXES TO ACHIEVE SERIAL DISTRIBUTION

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. Improvement Permit is valid for 60 months from date of issuance. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE

Signed: Perry W. Jenkins 8.25.97

Improvement Permit by: STEVE HEDRICK date _____

AUTH. TO CONST. ~~Existing System Inspection~~ by: STEVE HEDRICK date _____

Installed by: Tommy Frye

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

Operation Permit by: Mark Outlaw date 10-30-97

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

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