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. 25980 DATE 2-24-97 TAX MAP NO. 4738 00 6849 Watershed ☐ Yes ☑ No

OWNER OR CONTRACTOR CRAVEN, KEARNS, MCDOWELL PHONE: Business (910) 672-2269 Home

ADDRESS P.O. Box 2257 ASHEBORO, NC 27204

LOCATION NC 115 N TR BRANCHWOOD 2ND LOT ON LEFT PAST YADKIN VALLEY ROAD

SUBDIVISION RIDGECREST BLOCK / SECTION 1 LOT 7 LOT AREA 0.597 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons; STB 160 Date 9-3-97
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

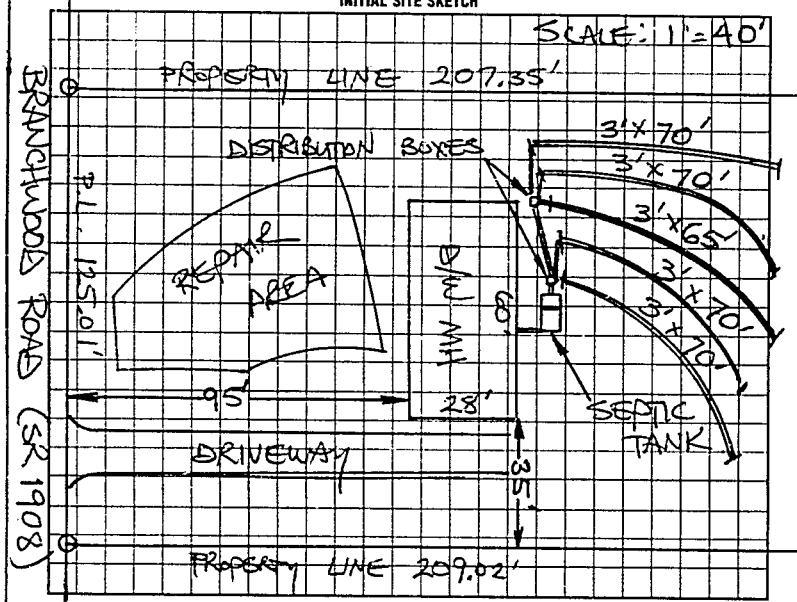
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

Water Supply:
☐ Individual
☐ Community
☑ Public

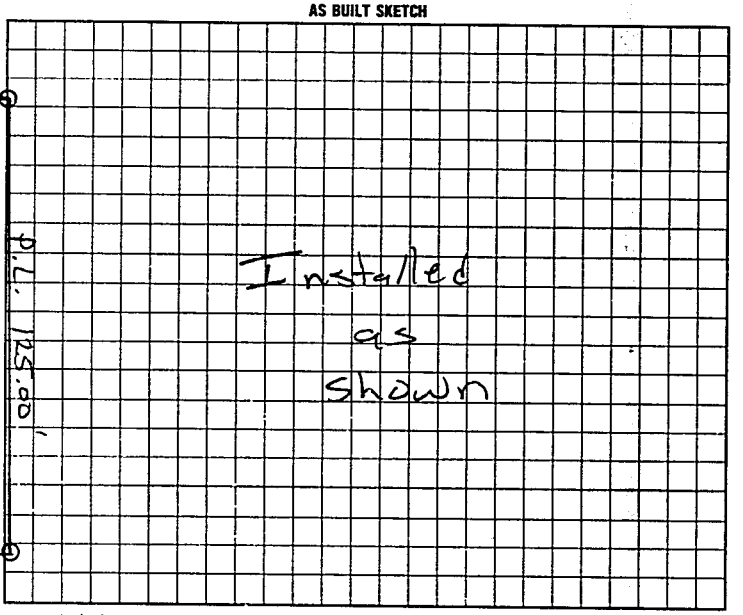
Comments: ① ABANDON EXISTING SEPTIC TANK ② INSTALL NEW TANK AND LINES AS FLAGGED ON SITE.

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: Robert Craven

Installed by: Tweeds Grading

Improvement Permit by: STEVE HEDRICK date 2-24-97

Authorization to Construct by STEVE HEDRICK date 2-24-97

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

Operation Permit by Mary C Ott RS date 10-16-97

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

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