IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5261

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

PROPERTY DESCRIPTION NO. 25981 DATE 5-13-97 TAX MAP NO. 4738 00 6849 (PT) Watershed: ☒ WA ☐ 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 ROAD, 3RD LOT ON LEFT PAST YADKIN VALLEY ROAD

SUBDIVISION RIDGECREST BLOCK / SECTION I LOT 8 LOT AREA 0.602 ACRE SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 4-16-97

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet EQ. TO 1600 Linear Feet 400+

No Lines FIVE 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

Repair System Description: PPBPS, GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Bathrooms 2 No. Employees ____

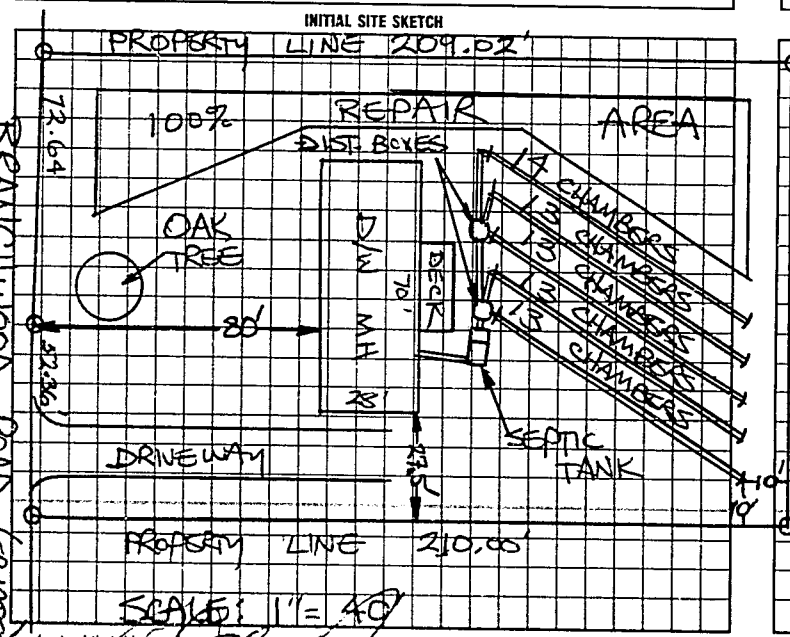
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

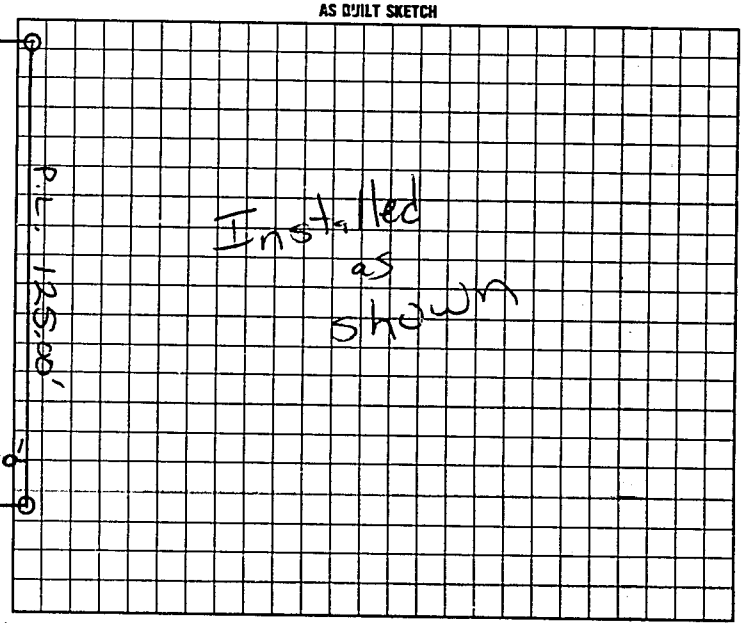
Comments: ① INSTALL 66 CHAMBERS IN FIVE LINES ON CONTOUR AS SHOWN ② USE DIST. BOXES TO ACHIEVE SERIAL DISTRIBUTION

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: ____

Improvement Permit by: STEVE HERRICK date 5-13-97

AUTH. TO CONST. Existing System Inspection by: STEVE HERRICK date 5-13-97

Installed by: A-1

~~Certificate of Completion by:~~ ____ date ____

Operation Permit by Mark Cox RS date 6-20-97

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

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