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. 25982 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 115N, TR BRANCHWOOD RD, 4TH LOT ON LEFT PAST YADKIN VALLEY ROAD

SUBDIVISION RIDGECREST BLOCK / SECTION I LOT 9 LOT AREA 0.622 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT2

Septic Tank: 1000 Gallons; STB 1017 Date 12-3-97

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

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. PUMP

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

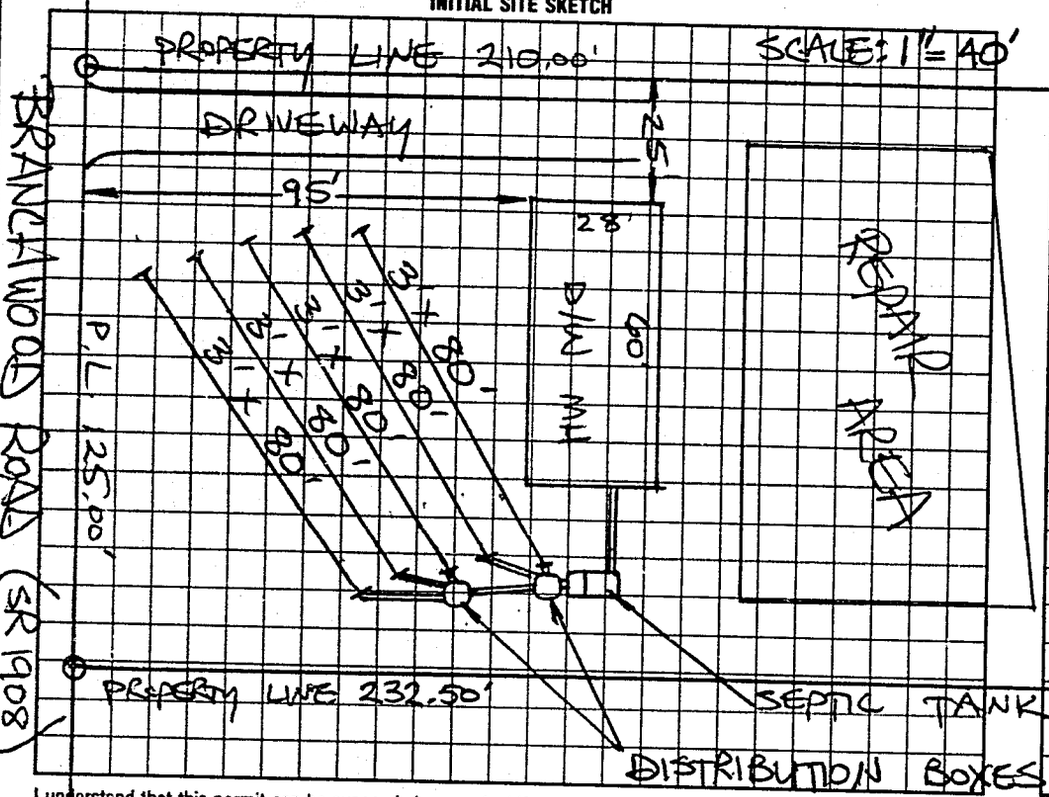
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

Comments: INSTALL LINES ON CONTOUR AS FLAGGED

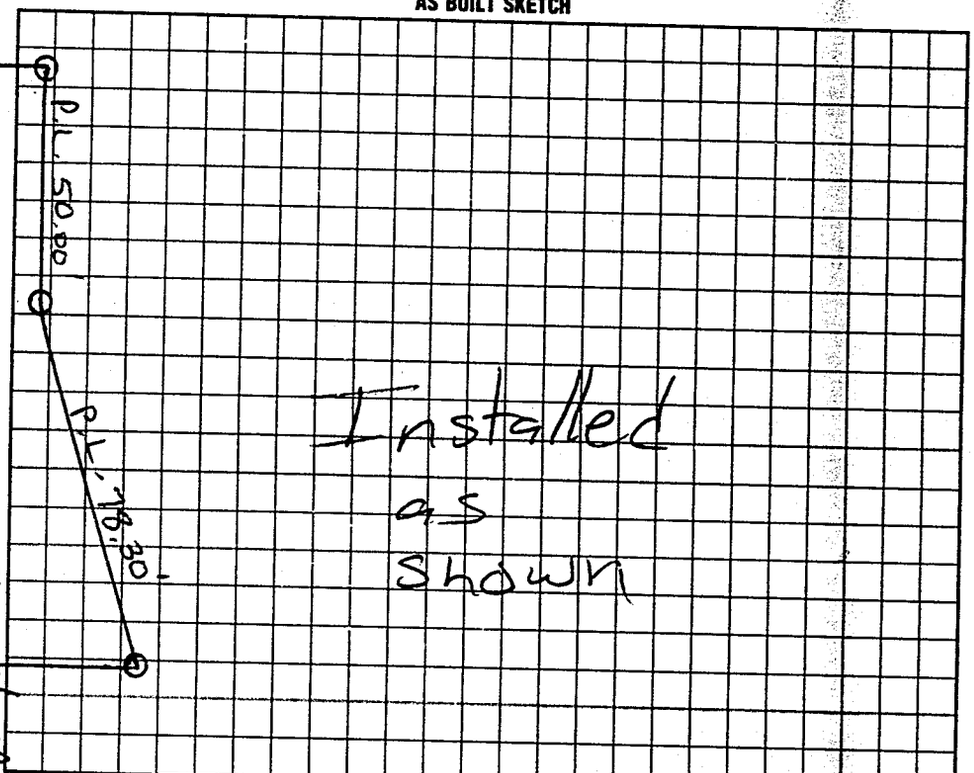
Comments: * Note wet in Pipe gallery 1st line had water at start of Line

INITIAL SITE SKETCH



SCALE: 1" = 40'

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: Phil Craven

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

~~Existing System Inspection~~ AUTH. TO CONST. by: STEVE HEDRICK date 2-24-97

Installed by: A-1 Backhoe

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

Operation Permit by: [signature] RS date 3-10-98

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