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. 25987 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, LOT ON LEFT JUST BEFORE WESTWINDS MHP

SUBDIVISION RIDGECREST BLOCK / SECTION 1 LOT 14 LOT AREA 0.983 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 12-3-97

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1000 TO 1200 Linear Feet 300+

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: CHAMBERED GRAVITY/PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

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

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

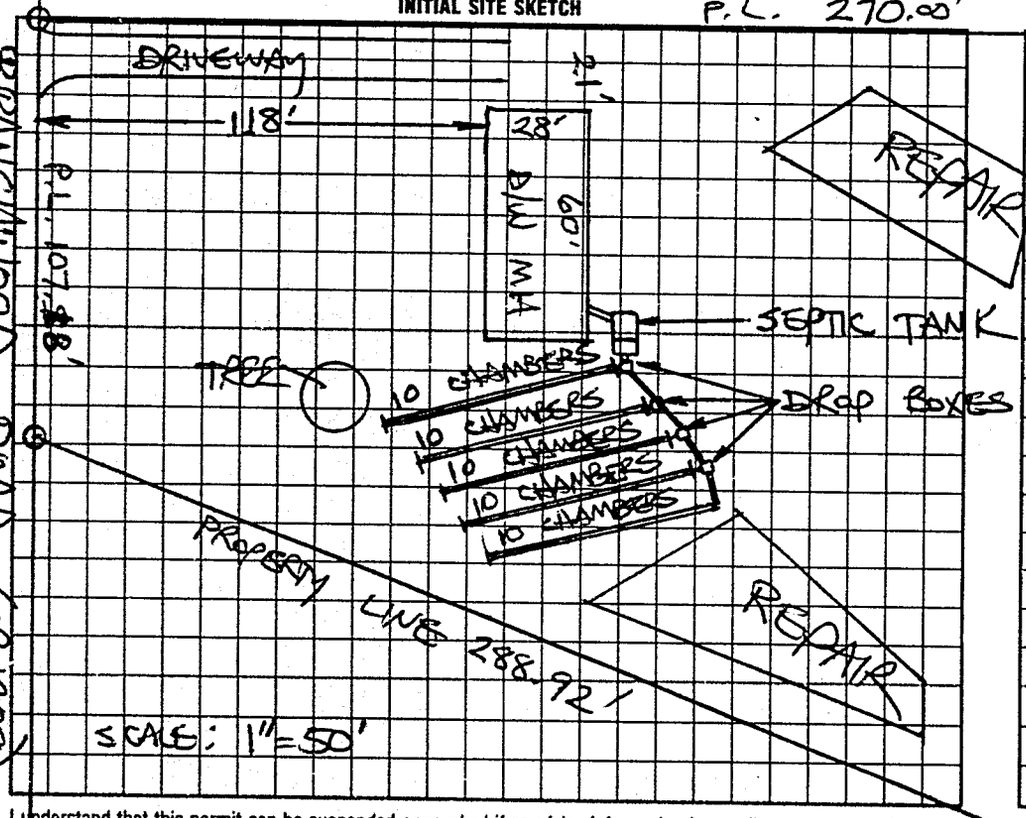
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

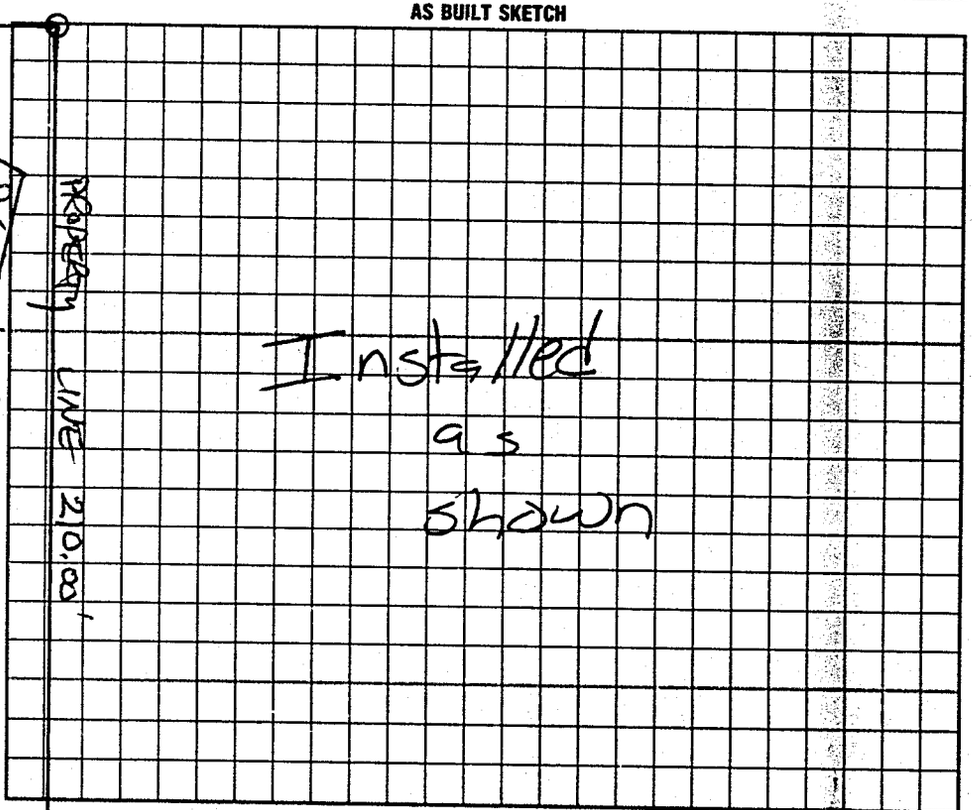
Comments: ① INSTALL FIFTY CHAMBERS IN FIVE EQUAL LENGTH LINES ON CONTOUR AS FLAGGED ② USE DROP BOXES FOR SERIAL DISTRIBUTION.

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 ① IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE.

Signed: Phil Craven

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

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

Installed by: A-1 Backhoe

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

Operation Permit by: Mary Curtis date 3-10-98

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