# 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. 23524 DATE 4-24-96 TAX MAP NO. 14B-1-A-18(19) Watershed: ☐Yes ☒No

OWNER OR CONTRACTOR CLARENCE STACEY PHONE: Business 872-8171 EXT. 111 Home 878-0764

ADDRESS 145 GYPSY DRIVE, STATESVILLE, NC 28677

LOCATION NC 115 N TL PISGAH CHURCH ROAD, TL TREEBARK ROAD, LOT ON LEFT BEFORE WOODSIDE DRIVE

SUBDIVISION TREEBARK SUB BLOCK / SECTION ____ LOT 18,19 LOT AREA ±2.3 ACRES SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 0.33 GAD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 11-13-96
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240
No Lines 3 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: CONVENTIONAL
Maintenance Agreement Required: ☐Yes ☒No

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

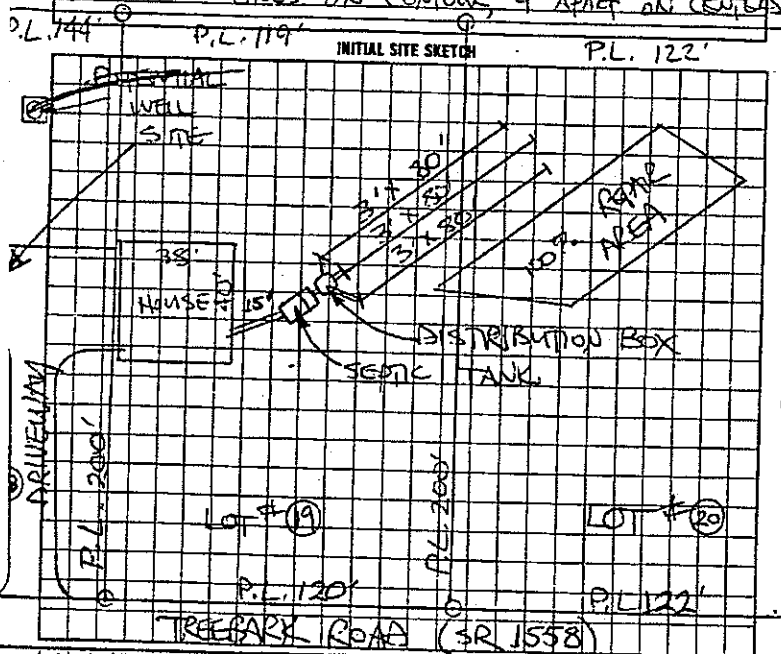
☐Slab ☒Crawl Space ☐Basement w/plumbing ☐Basement wo/plumbing

Water Supply: ☒Individual ☐Community ☐Public WELL

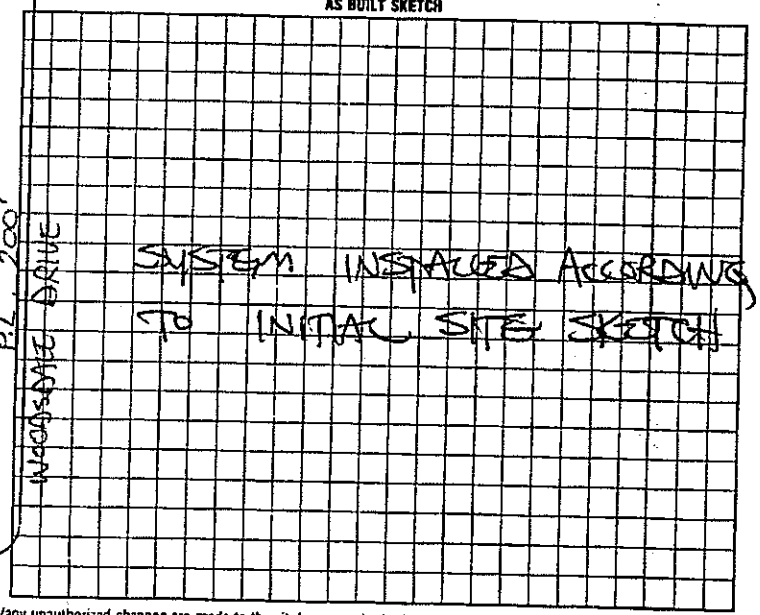
Comments: ① KEEP SYSTEM MINIMUM 100' FROM WELL, 15' FROM EASEMENT, 10' FROM PROPERTY LINE, ② INSTALL LINES ON CONTOUR, 9' APART ON CENTERS

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.

AUTHORIZATION TO CONSTRUCT IS VALID FIVE (5) YEARS FROM DATE OF ISSUANCE. IMPROVEMENT PERMIT HAS NO EXPIRATION DATE.

Signed: X Clarence Stacey

Improvement Permit by: STEVE HEDRICK date 4-24-96
Authorization To Construct
~~Existing System Inspection~~ by: STEVE HEDRICK date 4-24-96

Installed by: ANDY DANIELS
~~Certificate of Completion by:~~ ____ date ____
Operation Permit by: STEVE HEDRICK date 3-11-97

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

The location of the proposed GARAGE addition does not appear to impact the existing septic system.

**NOTE: ____

R. STEVE HEDRICK REHS

Date: OCT 19, 2010

ICHD-Environmental Health Division