IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

6382/

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

PROPERTY DESCRIPTION NO. 26 lot 061130 DATE 3-19-97 TAX MAP NO. 4730037821

OWNER OR CONTRACTOR Patrick & Sandra Altham PHONE: Business 1-800-248-4393 Home 538-6157 Watershed: ☐ Yes ☐ No WS-IV PA

ADDRESS 488 Statesville Park Rd Statesville NC

LOCATION Perth Rd TR State Park Rd ~1½ miles lot on Right (watch for Animal yard)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 13Ac. SITE CLASS. P/S DESIGN FLOW 360 L.T.A.R. 0.35

Septic Tank: 1000 Gallons; STB 1012 Date 8-25-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model 1038 Serial No. 343

Nitrification Field: No. Fields 1 Square Feet ~~350~~ Linear Feet ~~350~~

No. Lines 7 Trench Width 36in Max Trench Bottom Depth 36in Gravel Depth 12in

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity Conventional

Repair System Description: Pump or Gravity contingent

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 ____

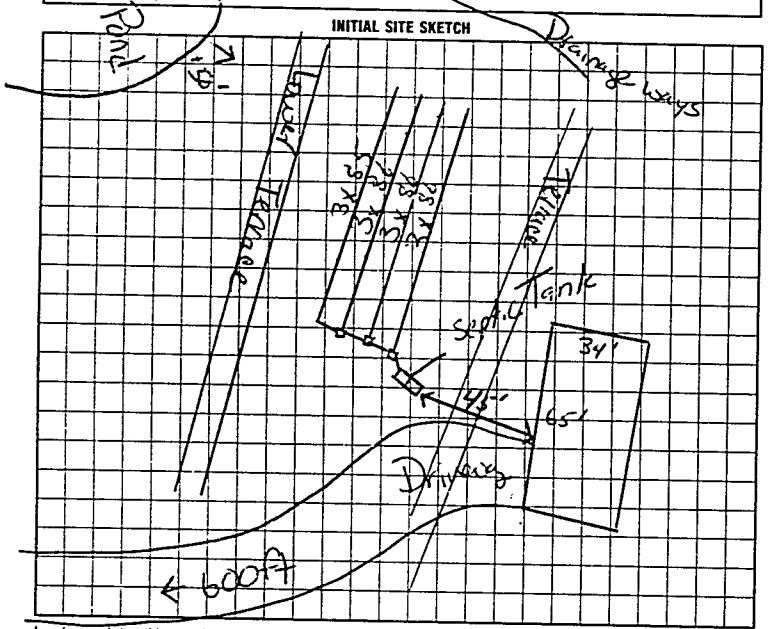
☐ Other _____

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: keep lines on contour 9ft on center smoothout lower terrace, Tank location is ~~not~~ contingent on basement elevation as shown

Comments: Keep well 100 ft from system. Keep water line 10ft from system

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE SKETCH.

NO FILL DIRT ALLOWED TO BE PLACED OVER DRAINFIELD.

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 expires 5yrs from issue date

Signed: Andy C Altham

Improvement Permit by: Mark C Oatts IP date 3-19-97

Existing System Inspection by: Authorization to Const. Mark C Oatts IP date 3-19-97

Installed by: Tommy Frye

Certificate of Completion by: _____ date _____

Operation Permit by: Steve Herrick date 11-12-97

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