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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. 20979 DATE 6-13-95 TAX MAP NO. 6B-3-A-15,16 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Bryan Lee Yount PHONE: Business _____ Home 873-7311

ADDRESS 110 Shadywood Lane Statesville, N.C. 28677

LOCATION Hwy 215 from Statesville TR Margrell Acres TL at Fork lot at end on L. ON PINE HAVEN ROAD

SUBDIVISION Margrell Acres BLOCK / SECTION _____ LOT 12:13 LOT AREA 365'x211 SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .25 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 4-6-96 ☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" on low side Gravel Depth 12"

System Description: conventional, gravity fed

Repair System Description: pump to conventional, some gravity

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

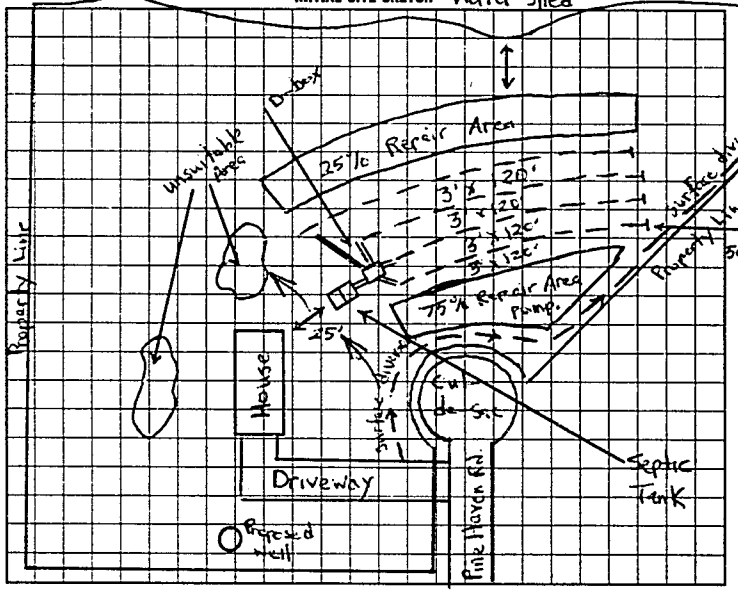
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: INSTALL SYSTEM SHALLOW (no deeper than 24" on lower side of trench) keep lines and trenches on contour. Keep system 25' from foundation of home, 10' from all property lines, 50' from water shed, and max. feasable distance from any well and no closer than 50'.

Comments:

INITIAL SITE SKETCH Water Shed



Create surface diversion AS BUILT SKETCH

ditch on upper side of of system as shown on drawing. No cutting or filling in and around area where system and repairs to be placed. 75% Repair (pump) above system, 25% Repair Area below system.

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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.

Signed _____

Improvement Permit by: Michael Y. Clement date 6-13-95

Existing System Inspection by: _____ date _____

Installed by: DALE FOX

Certificate of Completion by: _____ date _____

Operation Permit by: STEVE HEDRICK date 6-7-96

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

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