53005

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. 19464 DATE 9/28/94 TAX MAP NO. 10D-1-A-58

OWNER OR CONTRACTOR TODD ELLIS PHONE: Business ____ Home 878-6633 Watershed: ☐ Yes ☑ No

ADDRESS 110 ST. PAUL ROAD, STATESVILLE, NC 28677

LOCATION NC 115 N, TR SULLIVAN FARM RD, TR S. CHIPLEY FORD, 2nd LOT ON RIGHT

SUBDIVISION MEADOW OAKS BLOCK / SECTION ____ LOT 58 LOT AREA 150' x 280' SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.33 GPD/FT²

Septic Tank: 1000 Gallons: STB 1012 Date 10/8/95
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1030 Linear Feet 360
No Lines 3 Trench Width 36" Max Trench Bottom Depth 18-36" Gravel Depth 12"

☑ New System ☐ Repair System Type: (II) III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ____
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

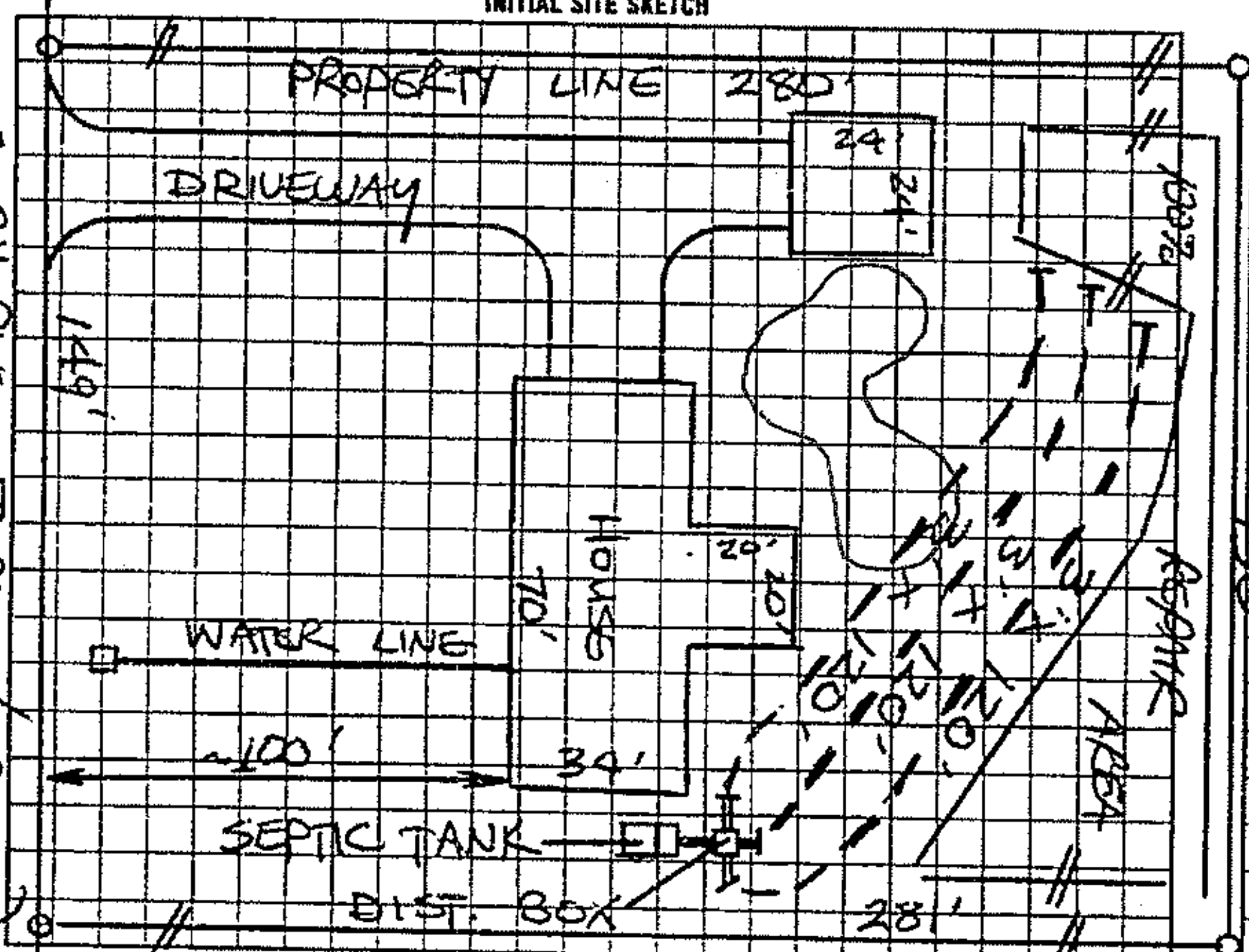
Water Supply: ☐ Individual ☐ Community ☑ Public

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

Comments: (1) REMOVE EXISTING FIELD TERRACE PRIOR TO INSTALLING LINES (2) KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE (3) INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' O.C.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM [illegible] 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: [signature]

Improvement Permit by: STEVE HEDRICK date 9/28/94

Existing System Inspection by: ____ date ____

Installed by: DAVID YOUNTZ

Certificate of Completion by: STEVE HEDRICK date 1/19/95

Operation Permit by: ____ date ____

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

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