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. 19546 (96-728) DATE 8-2-96 TAX MAP NO. 10D- A-20 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Carl B. Outen PHONE: Business 664-8054 Home 872-8486

ADDRESS 306 Brookfield Dr. Statesville

LOCATION S. Chipley Ford TR Twin Lakes Rd before cnt on Rt.

SUBDIVISION Ft. Dobbs Fm BLOCK / SECTION ____ LOT 35 LOT AREA 2.3 acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 4-11-97

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth W/4

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

System Description: Gravity Chambers

Repair System Description: II II

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

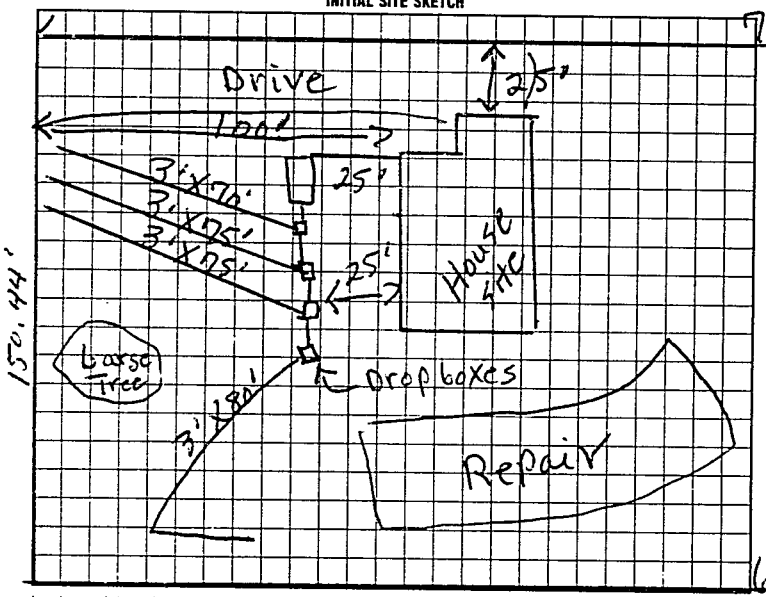
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☐ Public

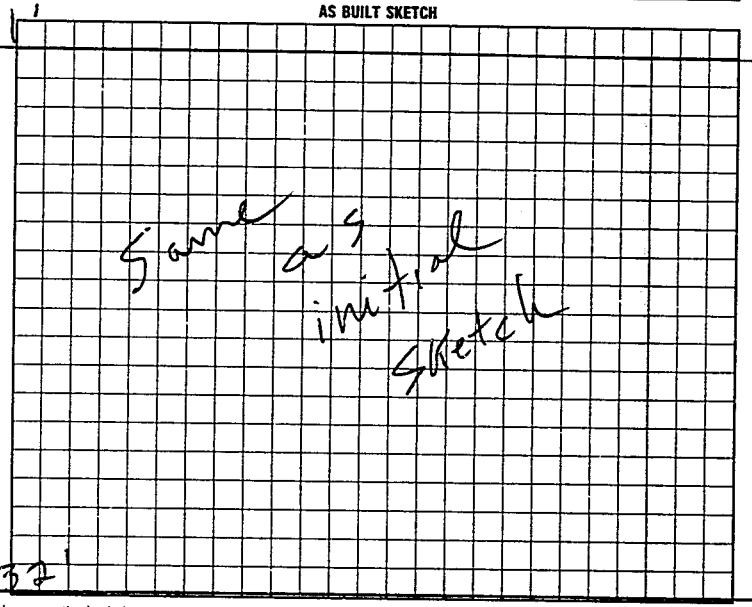
Comments: Replaces Permit issued 11-16-94

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.

Signed: Rita J. Outen

Improvement Permit by: E.C. Moore date 8-2-96

Authorization to Cover E.C. Moore date 8-2-96

Installed by: Kenny Pearson

Certificate of Completion by: ____ date ____

Operation Permit by E.C. Moore date 9-12-97

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

Authorization to Cover Expires 60 mos from issue

9712000