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. 25988 78417 DATE 2-25-97 TAX MAP NO. 4738 00 6849 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR CRAVEN, KEARNS, McDOWELL PHONE: Business (910) 672-2269 Home

ADDRESS P.O. BOX 2257, ASHEBORO, NC 27204

LOCATION NC 115N TR BRANCHWOOD ROAD, LOT ON LEFT ACROSS FROM WESTWIND MHP

SUBDIVISION RIDGECREST BLOCK / SECTION 1 LOT 15 LOT AREA 0.939 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 9-28-98

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No. Fields 1 Square Feet EQ. TO 1200 Linear Feet 300±

No. Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: CHAMBERED GRAVITY

Repair System Description: LDP GRAVITY / CHAMBER FILL

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

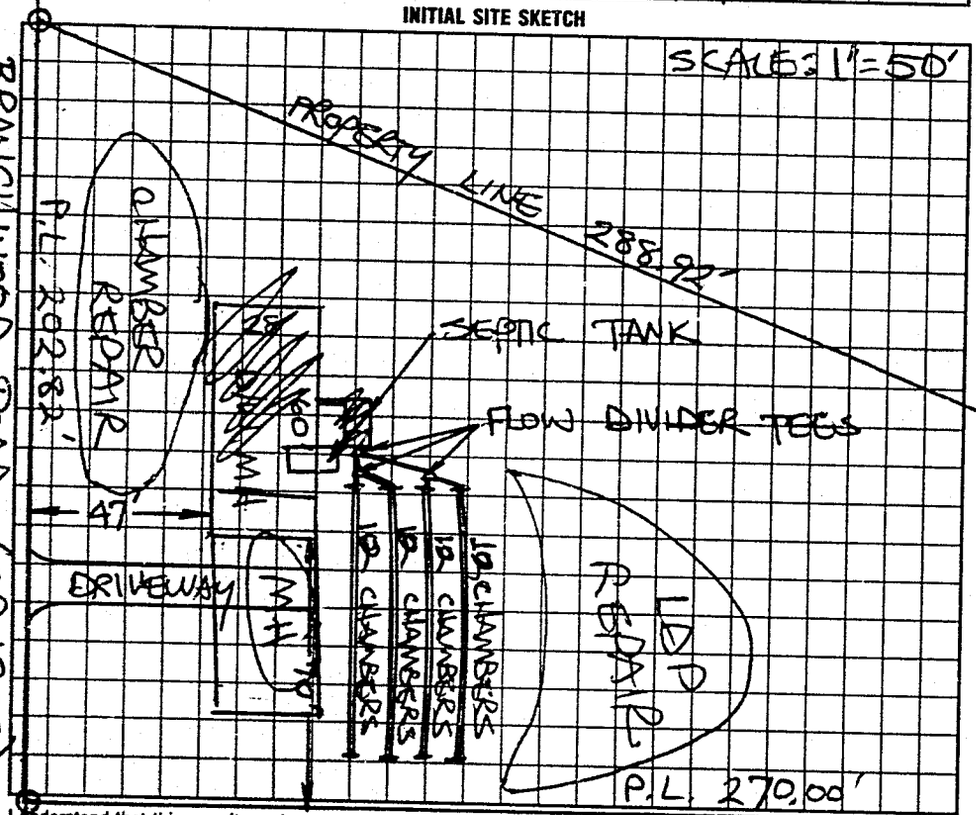
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

Comments: ① INSTALL ~~FIFTY~~ TWO CHAMBERS IN FOUR EQUAL LENGTH LINES ON CONTOUR AS FLAGGED ② USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO EACH OF FOUR LINES.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL 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. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE

Signed: Phil Craven

Improvement Permit by: STEVE HEDRICK date 2-25-97

~~Auth. to Const.~~ ~~Existing System Inspection~~ by: STEVE HEDRICK date 2-25-97

Installed by: A-1 BACKHOE

~~Certificate of Completion by~~: ____ date ____

Operation Permit by: STEVE HEDRICK date 12-1-98

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