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. 25990 DATE 4-10-97 TAX MAP NO. 4738006849 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 115 N, TR BRANCHWOOD RD, ON LEFT ACCESS FROM HANGING TREE LANE

SUBDIVISION RIDGECREST BLOCK / SECTION 1 LOT 17 LOT AREA 717.0 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 821 Date 9-8-97

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No. Fields 1 Square Feet 60 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: CHAMBERED, GRAVITY/PUMP

Maintenance Agreement Required: ☐ Yes ☒ No

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

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

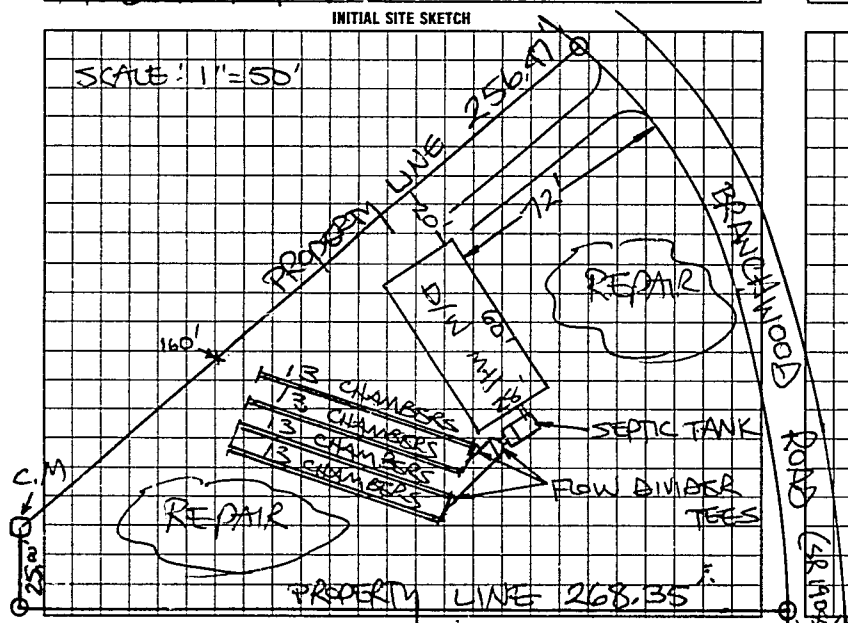
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

Comments: ① INSTALL 52 CHAMBERS IN FOUR EQUAL LENGTH LINES ON CONTOUR ② USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO EACH OF FOUR LINES.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown

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. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE. IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS

Signed: Phil Craven

Improvement Permit by: STEVE HEDRICK date 4-10-97

AUTH. TO CONST. Existing System Inspection by: STEVE HEDRICK date 4-10-97

Installed by: G & M Enterprises

~~Certificate of Completion by:~~ date

Operation Permit by: Mark C Cutts date 10-16-97

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

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