Receipt 61643 Pd. ck 1522

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. 25974 74764 DATE 3-3-97 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 2254 ASHEBORO, NC 27204

LOCATION NC 115 N, TR BRANCHWOOD ROAD, 1ST LOT ON RIGHT PAST HANGING TREE LANE

SUBDIVISION RIDGECREST BLOCK / SECTION 1 LOT 1 LOT AREA 0.561 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT2

Septic Tank: 1000 Gallons; STB ____ Date 4-12-98

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet EQ. TO 1440 Linear Feet 360+

No Lines SIX 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 GRN/PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

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

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

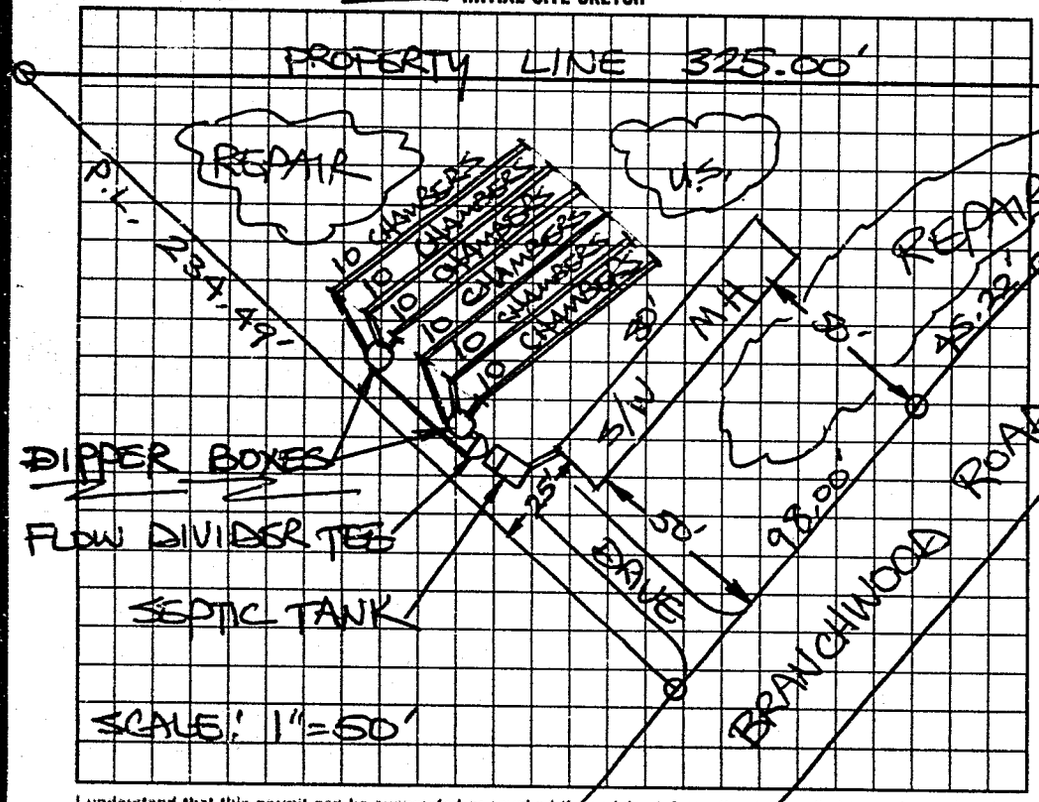
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

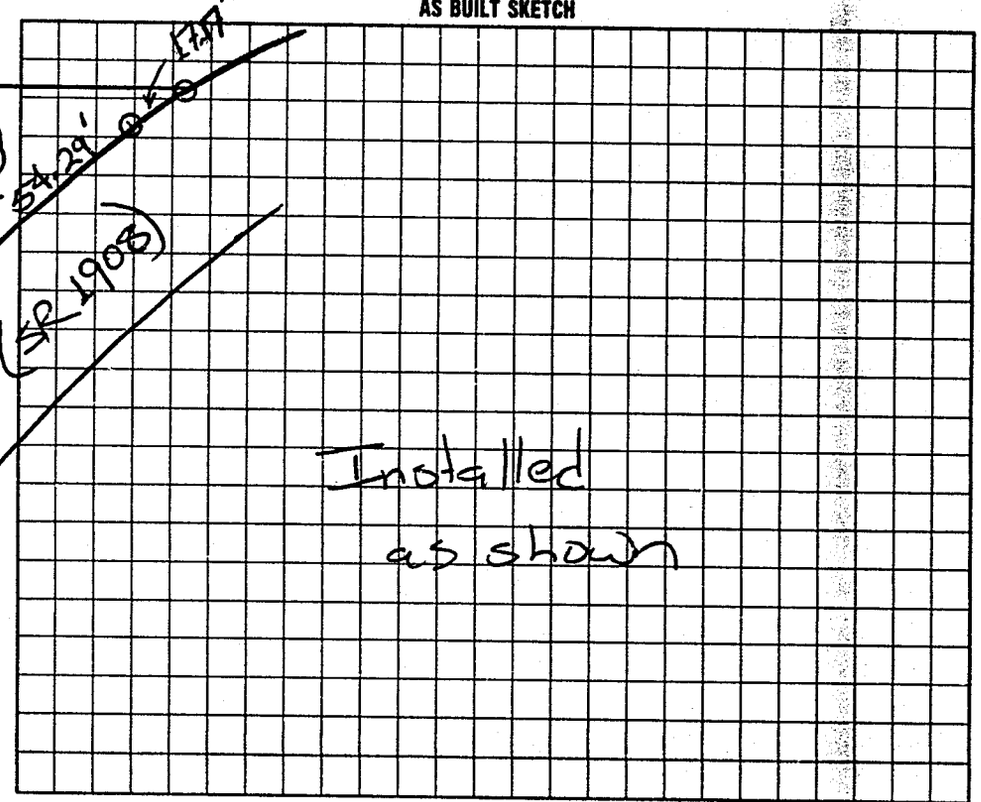
Comments: ① INSTALL 60 CHAMBERS IN SIX EQUAL LENGTH LINES ON CONTOUR AS SHOWN ② USE ONE FLOW DIVIDER TEE TO ACHIEVE EQUAL DISTRIBUTION INTO TWO DIPPER BOXES FEEDING THREE LINES EACH.

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. 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 3-3-97

AUTH. TO CONST. ~~Existing System Inspection~~ by: STEVE HEDRICK date 3-3-97

Installed by: Sammy Kearns

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

Operation Permit by: M/C OF ES date 6-25-98

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