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 25975 9290 DATE 3-3-97 TAX MAP NO. 4738 00 6849 Watershed: ☐ PA ☑ No

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

ADDRESS P.O. Box 225 ASHEBORO NC 27204

LOCATION NC 115 N, TR BRANCHWOOD RD 2ND LOT ON RIGHT PAST HANGING TREE LANE

SUBDIVISION RIDGECREST BLOCK / SECTION 1 LOT 2 LOT AREA 0.795 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB ____ Date 5-27-97

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

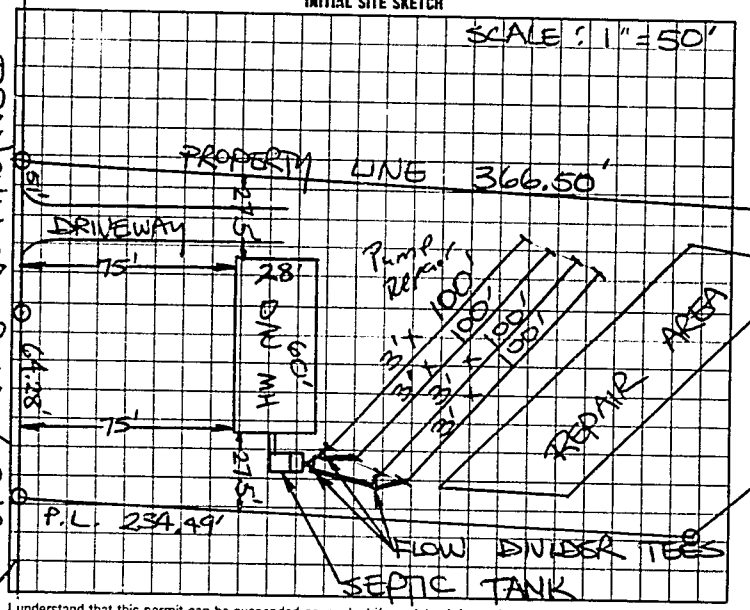
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

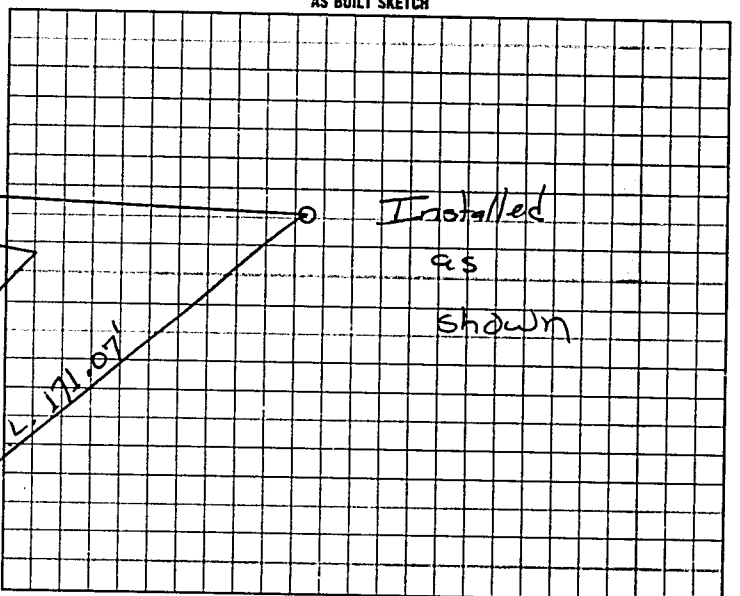
Comments: USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO EACH OF FOUR 3' x 100' CONVENTIONAL LINES ON CONTOUR

Comments: * Installed Single wide instead of Doublewide

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 Cornwell

Improvement Permit by: STEVE HENDRICK date 3-3-97

AUTH. TO CONST.

Existing System Inspection by STEVE HENDRICK date 3-3-97

Installed by: Sammy Regis

Certificate of Completion by: ____ date ____

Operation Permit by Mark C. Ong RS date 8-29-97

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