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. 25994 87734 DATE 5-17-97 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 115 N, TR BRANCHWOOD ROAD, ATA LOT ON LEFT PAST HANGING TREE LANE

SUBDIVISION RIVERCREST BLOCK / SECTION I LOT 21 LOT AREA 0.906 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 10-12-97

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

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

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

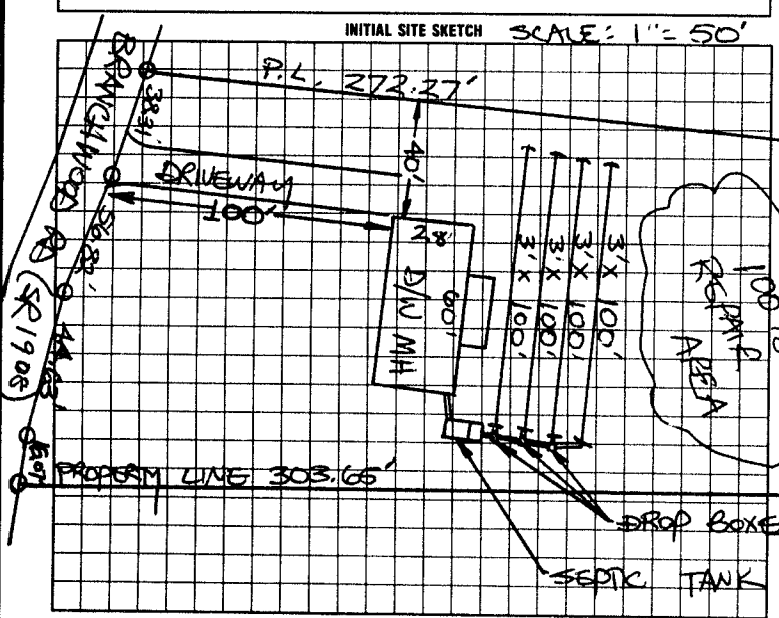
☐ Other _____

Water Supply: ☐ Individual ☐ Community ☑ Public

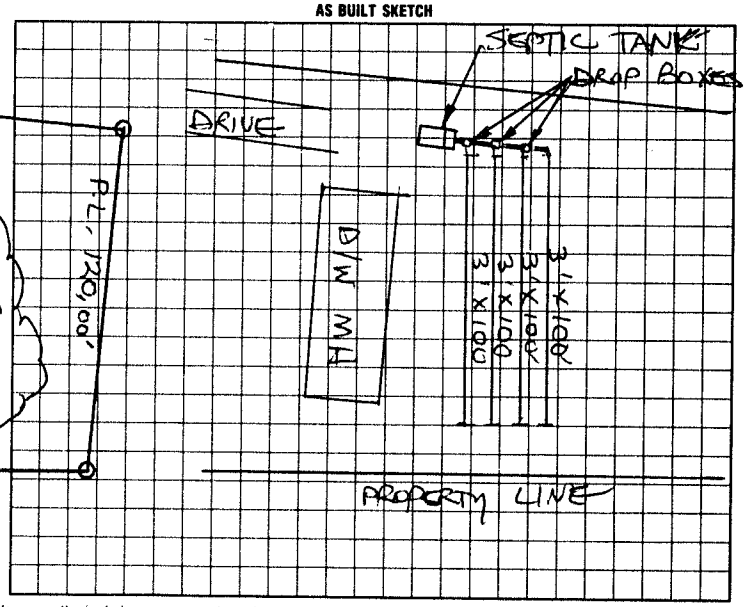
Comments:

Comments: SEPTIC TANK LOCATION CHANGED WITH PRIOR HEALTH DEPT. APPROVAL

INITIAL SITE SKETCH SCALE: 1" = 50'



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: _____

Improvement Permit by: STEVE HEDRICK date 5-17-97

AUTH. TO CONST. ~~Existing System Inspection~~ by: STEVE HEDRICK date 5-17-97

Installed by: A-1 BACKHOE

~~Certificate of Completion~~ by: _____ date _____

Operation Permit by: STEVE HEDRICK date 1-1-00

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