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. 25976 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 2257, ASHEBORO, NC 27204

LOCATION NC 115N, TR BRANCHWOOD RD, 3RD LOT ON RIGHT PAST HANGING TREE LANE

SUBDIVISION RIDGECREST BLOCK / SECTION 1 LOT 3 LOT AREA 1.015 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 2-11-98

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 ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

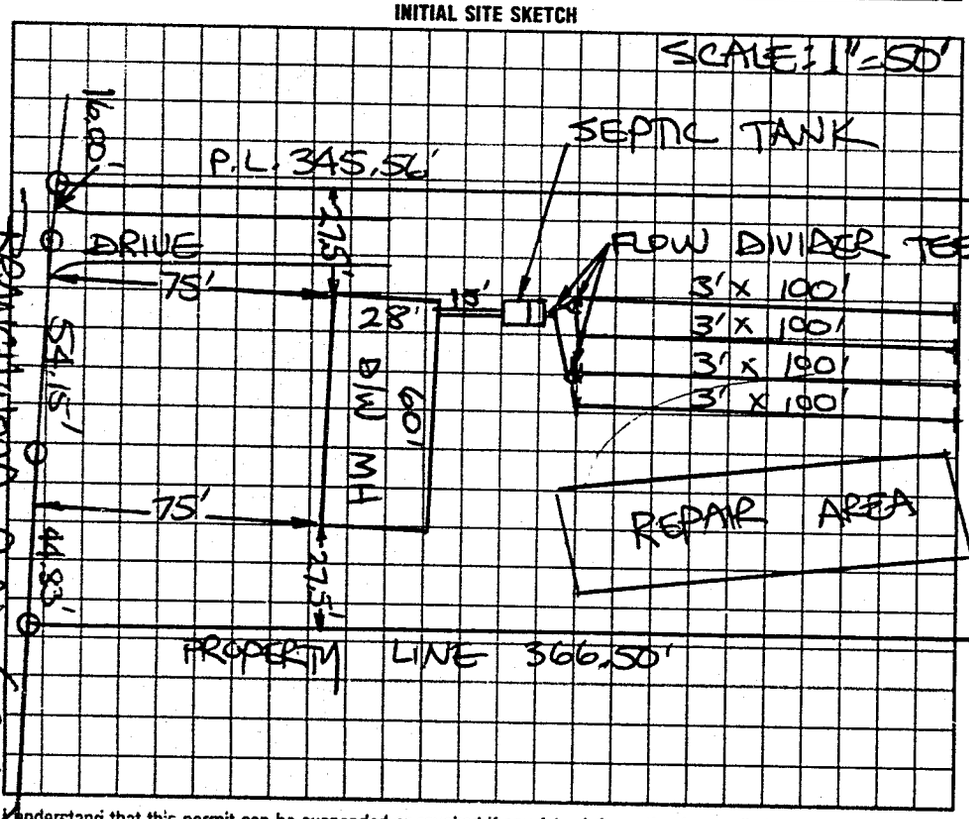
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

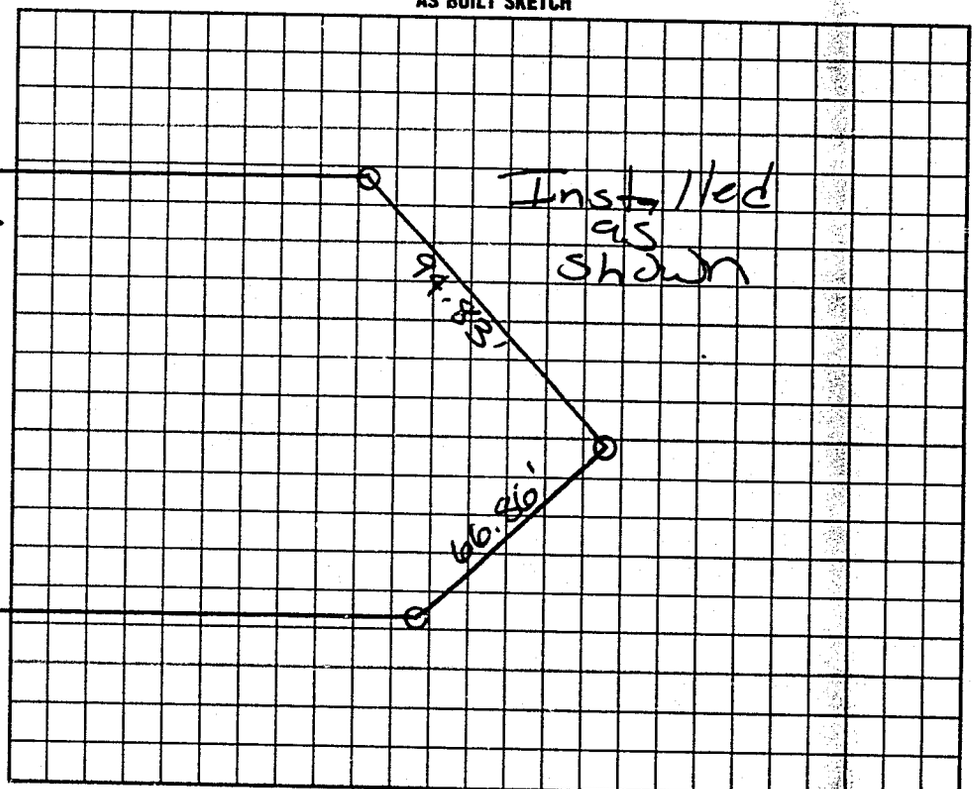
Comments: USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO EACH OF FOUR 3'X100' CONVENTIONAL LINES ON CONTOUR

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: Robert Craven

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

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

Installed by: A-1 Backhoe

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

Operation Permit by: Mark C Outlaw date 4-13-98

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