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. 25977 DATE 3-3-97 TAX MAP NO. 4738 00 6849

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

ADDRESS P.O. BOX 2257, ASHEBORO, NC 27204 Watershed ☐ Yes ☑ No

LOCATION NC 115 N, TR BRANCHWOOD ROAD, 4TH LOT ON RIGHT PAST HANGING TREE LANE

SUBDIVISION RIDGECREST BLOCK / SECTION 1 LOT 4 LOT AREA 0.722 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT2

Septic Tank: 1000 Gallons; STB 820 Date 5-17-97

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, 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

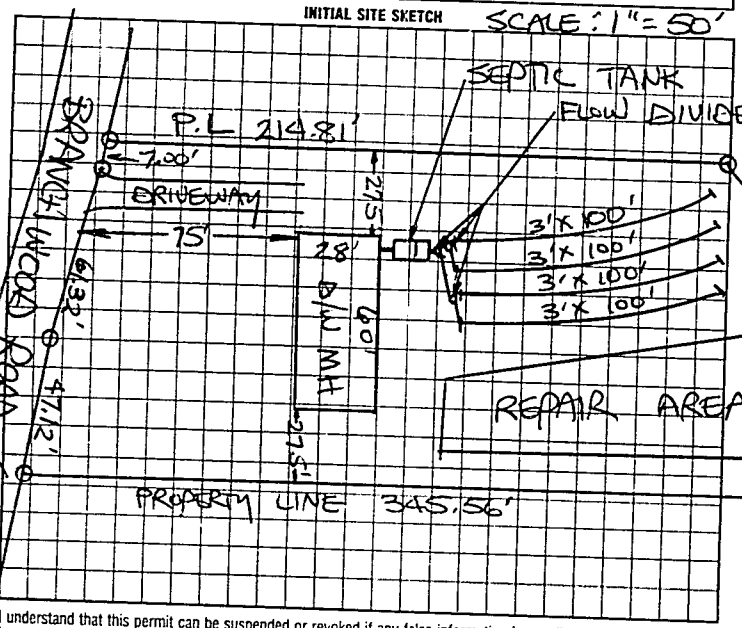
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

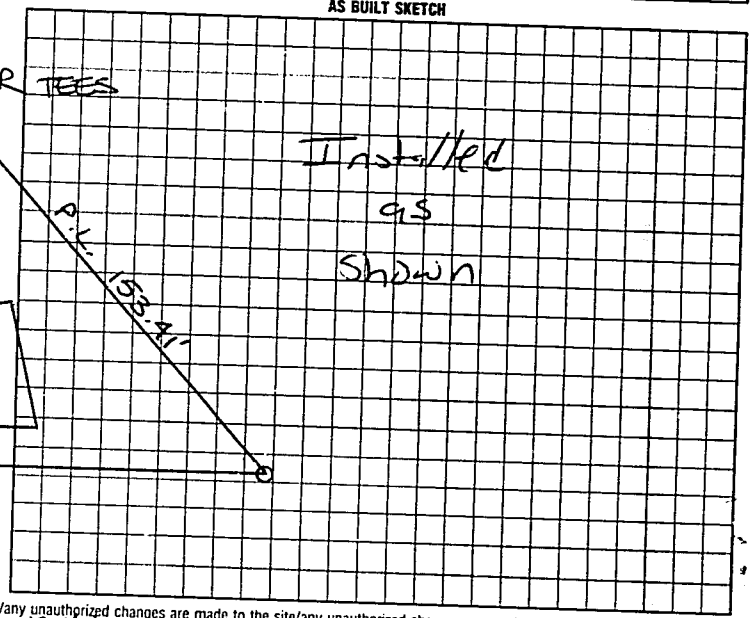
Comments: USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO EACH OF FOUR 3'x100' CONVENTIONAL LINES ON CONTOUR

Comments: Rd single wide instead of D/W

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: Phil Craven

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

AUTH. TO CONST.

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

Installed by: Sammy Reavis

Certificate of Completion by: _____ date _____

Operation Permit by: M C O J RS date 7-1-97

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