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. 20146 DATE 1/25/95 TAX MAP NO. 10M- A- 10 WSIV Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR CARL KRUMROY PHONE: Business _____ Home 876-3231

ADDRESS 418 BRANCHWOOD ROAD, STATESVILLE NC 28677

LOCATION NC 115 N, TR BRANCHWOOD ROAD, 1ST DRIVEWAY ON RIGHT AFTER PAVEMENT ENDS, BACK OFF RD.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3.7 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 11/21/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines 3 Trench Width 36" Max Trench Bottom Depth 18-36' Gravel Depth 12"

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

System Description: CONV. 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 _____

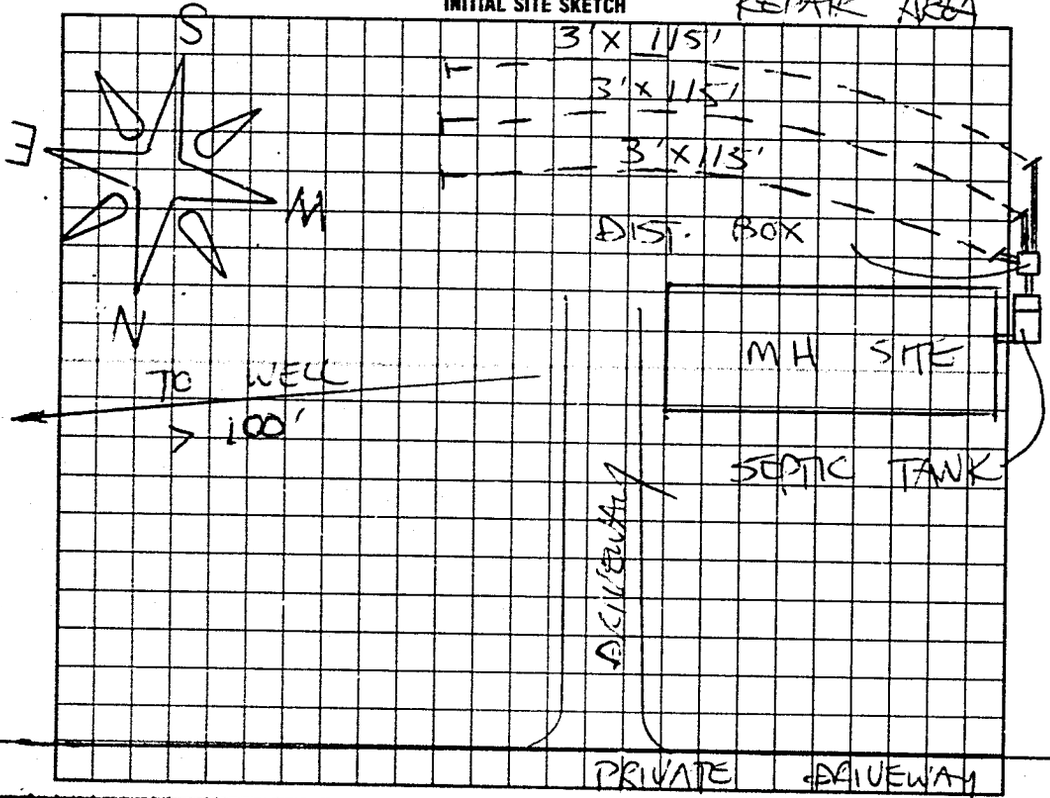
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public WELL

Comments: ① KEEP SYSTEM MINIMUM 5' FROM MH 10' FROM PROPERTY LINE 100' FROM MULTI-FAMILY WELL ② INSTALL LINES ON CONTOUR, NO DEEPER THAN 36' 9' APART MINIMUM ON CENTER

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH

BRANCHWOOD ROAD (SR 1908)

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.

Signed: X Wally X Krumroy

Improvement Permit by: STEVE HEDRICK date 1/25/95

Existing System Inspection by: _____ date _____

Installed by: JAMES HUDLER

Certificate of Completion by: STEVE HEDRICK date 2/8/95

Operation Permit by: _____ date _____

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