IREDELL COUNTY HEALTH DEPARTMENT

Const. Auth

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 26092 0736 19 DATE July 1, '97 TAX MAP NO. 4738 00 6849 (pt) Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Phil CRAVEN PHONE: Business Home

ADDRESS 1534 Lake Country Dr. Mooresville, N.C. 28115

LOCATION 115 N. from Statesville TR Branchwood Rd. ~ 1- 1½ miles on left

SUBDIVISION Ridgecrest BLOCK / SECTION LOT 29 LOT AREA ± .779 SITE CLASS. 05 DESIGN FLOW 360 gpd L.T.A.R. ~.3

Septic Tank: 1000 Gallons; STB 1012 Date 3-10-98

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet 1200 Linear Feet 400

No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 24"

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

System Description: gravity connected

Repair System Description: 1 pipe/pumped conventional

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth 12"

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home Dw No. Bathrooms 2

☐ Business No. Employees

☐ Other

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

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments:

Septic installer note max. trench bottom depth.

Comments:

1"=50'

INITIAL SITE SKETCH

D-box w/ Speed leveler OR 3 Flow Divider tee's

273'

10'

30'

30'

60'

Dw MH

Rwf

Add'l Septic Repair 100'

AREA 10' MIN WATER LINE

DRIVEWAY

35'

10'

270'

Rwf

Branchwood Road

Some Repair Area

Head Slope

Drainageway

Ps-1

AS BUILT SKETCH

Installed as shown

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:

Improvement Permit by: DR Hunsucker, RS date 7-1-97

~~Existing system inspection by:~~ Construction Authorization DR Hunsucker, RS date 7-1-97

Installed by: A-1

Certificate of Completion by: date

Operation Permit by: M of C OJ RS date 5-15-98

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