53700

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. 19756 DATE 11/22/94 TAX MAP NO. 10M-A-4 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR BILL PARLIER PHONE: Business _____ Home 873-8203

ADDRESS 151 MAY DRIVE STATESVILLE NC 28677

LOCATION NC 115N, TR 15, CHIPLEY FORD, TL BRANCHWOOD ROAD, CROSS CREEK 2ND DRIVE ON RIGHT.

SUBDIVISION _____ BLOCK / SECTION 1 LOT _____ LOT AREA 50 ACRES SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. 0.336 GPD/FT2

Septic Tank: 1000 Gallons; STB 794 Date 10/17/94
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240
No Lines 2 Trench Width 36" Max Trench Bottom Depth 18-36" 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 No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____

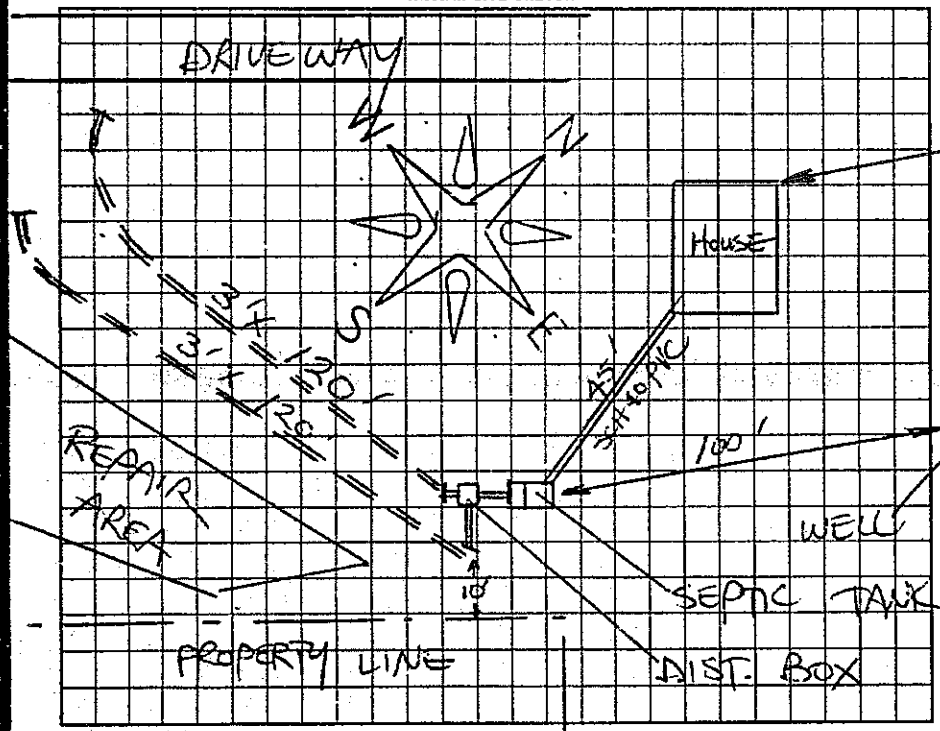
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Community
☐ Public
WELL

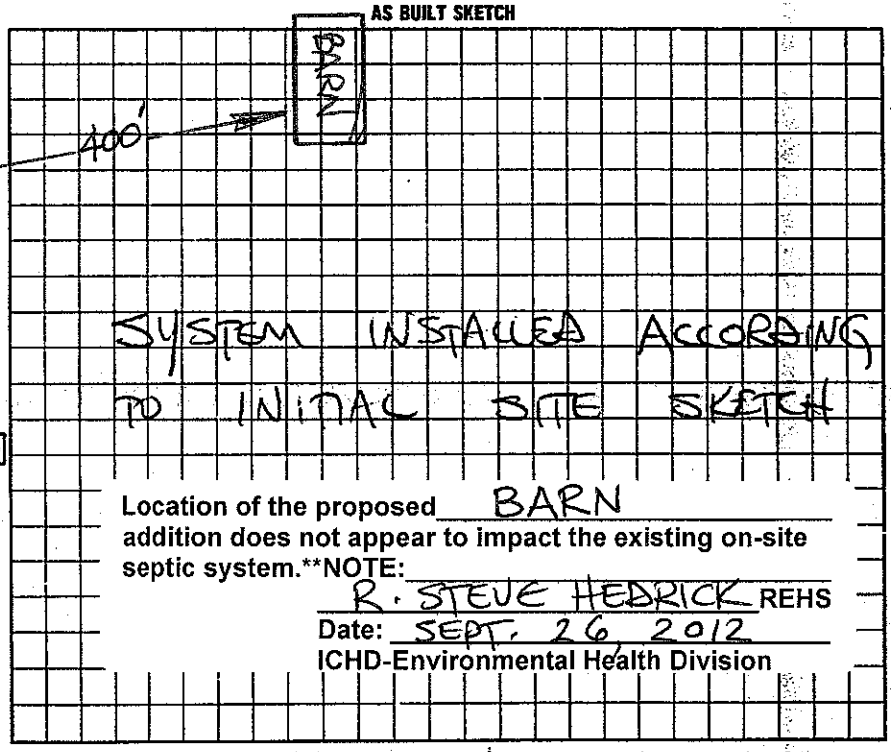
Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



Location of the proposed BARN addition does not appear to impact the existing on-site septic system.**NOTE:
R. STEVE HEDRICK REHS
Date: SEPT. 26, 2012
ICHD-Environmental Health Division

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 [signature] [illegible]

Improvement Permit by: STEVE HEDRICK date 11/22/94

Existing System Inspection by: _____ date _____

Installed by: JAMES HUNTER

Certificate of Completion by: STEVE HEDRICK date 12/9/94

Operation Permit by: _____ date _____

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