IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 7-14-97

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

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

PROPERTY DESCRIPTION NO. 068296 DATE 10-13-97 TAX MAP NO. 4738 38 6044 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR HOPE BROTHERS PHONE: Business _____ Home 872-4111

ADDRESS 1120 BARKLEY ROAD, STATESVILLE NC 28677

LOCATION NC 115 N, TR S. CHAPLEY FORD, TL RIVER RUN, TL BRAMBLEWOOD, LAST LOT ON LEFT

SUBDIVISION RIVER RUN BLOCK / SECTION I LOT 60 LOT AREA 0.77 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.33 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 7-14-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields I Square Feet 1080 Linear Feet 270

No Lines TAPER Trench Width 36" Max Trench Bottom Depth 36" ~~Gravel~~ Depth 6" SAND

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

System Description: CHAMBERED GRAVITY

Repair System Description: CHAMBERED 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

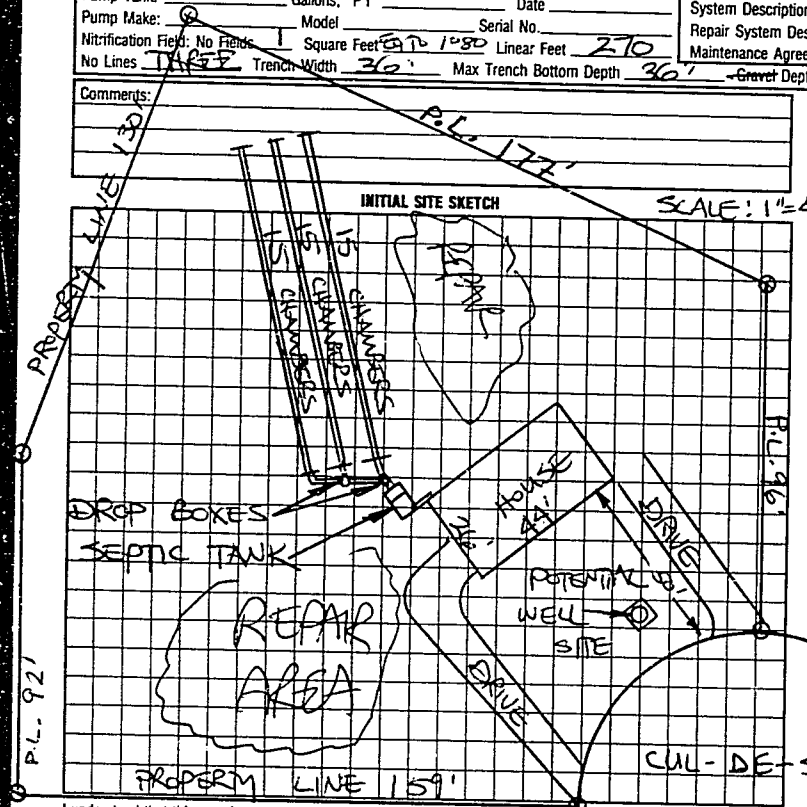
Water Supply: ☒ Individual ☐ Community ☐ Public WELL

Comments:

Comments:

INITIAL SITE SKETCH

SCALE: 1"=40'



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: Tony A. Hope

Improvement Permit by: STEVE HEDRICK date 10-13-97

AUTH. TO CONST. Existing System Inspection by: STEVE HEDRICK date 10-13-97

Installed by: ARNIE DUNCAN

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

Operation Permit by: STEVE HEDRICK date 10-21-97

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

161100