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. 069360 DATE 9-18-97 TAX MAP NO. 4738 58 1122 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR STANLEY DEAN ~~[illegible]~~ PHONE: Business _____ Home 876-6331

ADDRESS 266 RIVER RUN ROAD, STATESVILLE, NC 28677

LOCATION NC 115 N, TR S. CHIPLEY FORD, TL RIVER RUN ROAD, 0.6 MILE ON RIGHT AT BOX #266 - BACK OFF ROAD 900'

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 6.8 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 821 Date 3-10-98

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, III, IV, V, VI

System Description: CONVENTIONAL 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 _____

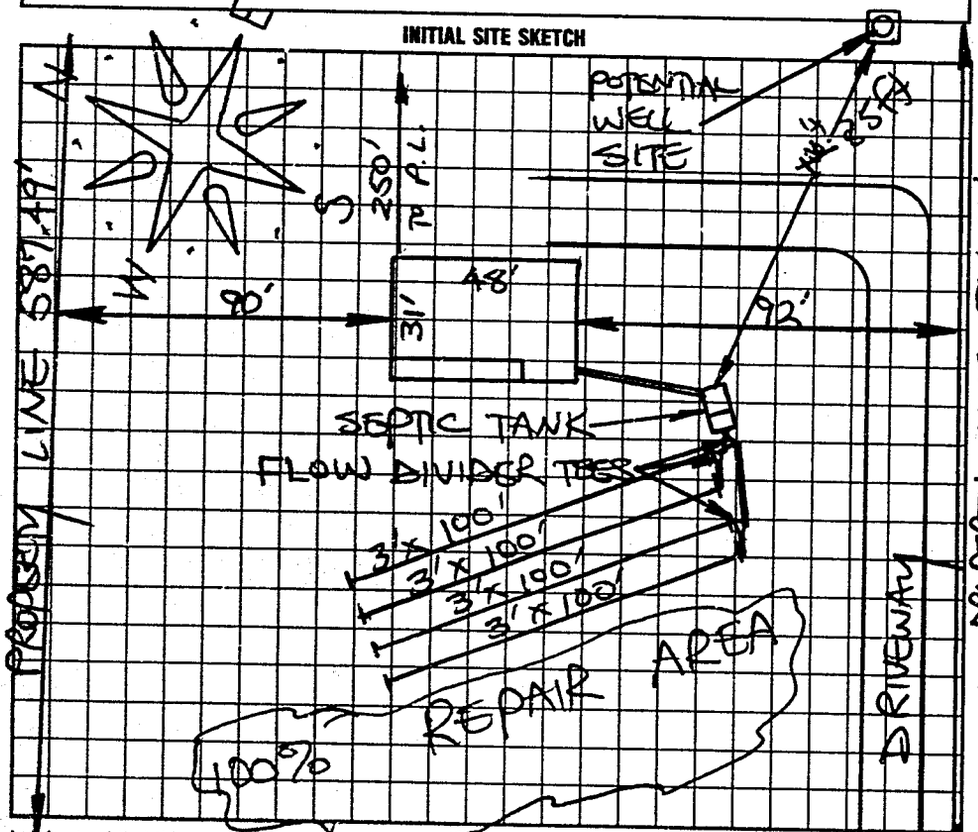
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public WELL

Comments: ① KEEP SYSTEM MINIMUM 100' FROM WELL ② USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO EACH LINE

Comments:

INITIAL SITE SKETCH



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. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE.

Signed: Stanley Dean

Improvement Permit by: STEVE HEDRICK date 9-18-97

AUTH. TO CONST. Existing System Inspection by: STEVE HEDRICK date 9-18-97

Installed by: G & M Enterprises

Certificate of Completion by: _____ date _____

Operation Permit by: Mark C Outlaw date 4-27-98

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