57915

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. 22309 DATE 10-9-95 TAX MAP NO. 10L-2-A-9 Watershed: IV-A [ ] No

OWNER OR CONTRACTOR NANCY P. HUTCHISON PHONE: Business _____ Home 876-1153

ADDRESS 3310 S. CHIPLEY FORD STATESVILLE NC 28677

LOCATION NC 115N TR S. CHIPLEY FORD, 2ND MH (1ST DRIVE) ON (R) PAST BLUE GILL ROAD

SUBDIVISION DWIGHT J. GRAHAM BLOCK / SECTION _____ LOT 9 LOT AREA 3.5 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.356PA/FT

Septic Tank: 1000 Gallons; STB _____ Date 12/31/92
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] II, IV, V, VI
System Description: CONV, GRAVITY
Repair System Description: CONV, GRAVITY
Maintenance Agreement Required: [ ] Yes [X] No
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

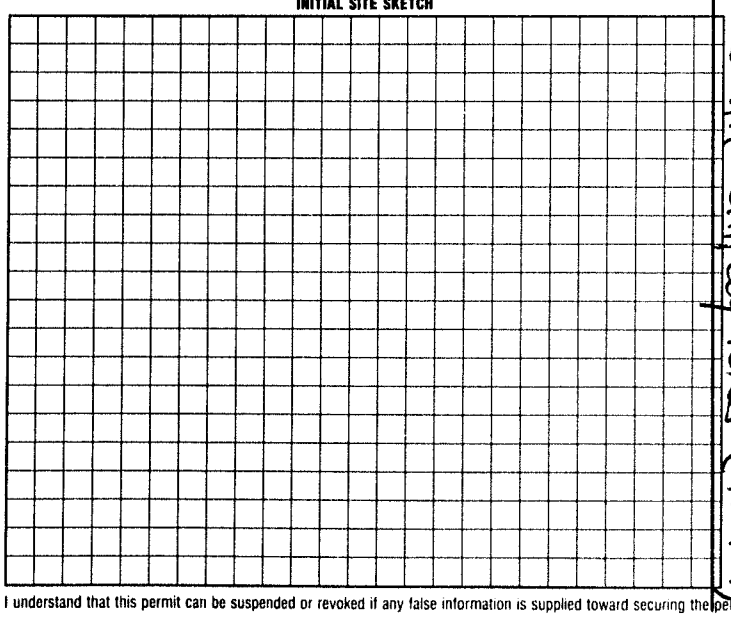
[X] House/Mod. Home [X] Mobile Home [ ] Business [ ] Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

Water Supply: [X] Individual [ ] Community [ ] Public WELL

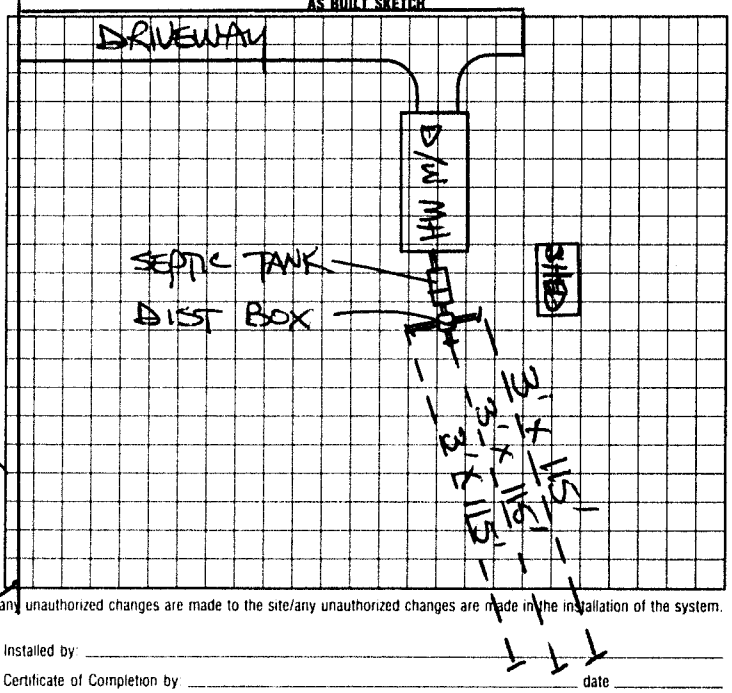
Comments:

Comments: KEEP MH MINIMUM 5' FROM SEPTIC SYSTEM

INITIAL SITE SKETCH



AS BUILT 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.

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: STEVE HEDRICK date 10/9/95

Installed by: _____

Certificate of Completion by _____ date _____

Operation Permit by: _____ date _____

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