50211

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 23035 DATE 2-8-96 TAX MAP NO 10K-1-A-30 Watershed: ☐ Yes ✓ No

OWNER OR CONTRACTOR ALAN LEWIS PHONE: Business _____ Home 878-2305

ADDRESS 488 WHITE OAK BRANCH ROAD, STATESVILLE, NC 28677

LOCATION US 21 N, TL JENNINGS RD, TR REEVES RD, TL MILLSTONE DR, LOT ON (R) PAST CURVE

SUBDIVISION AMBERSIDE BLOCK / SECTION _____ LOT 30 LOT AREA ~135'X202' SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.33 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 11-16-96
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 4 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: CONVENTIONAL PUMP
Maintenance Agreement Required: Yes ✓ No

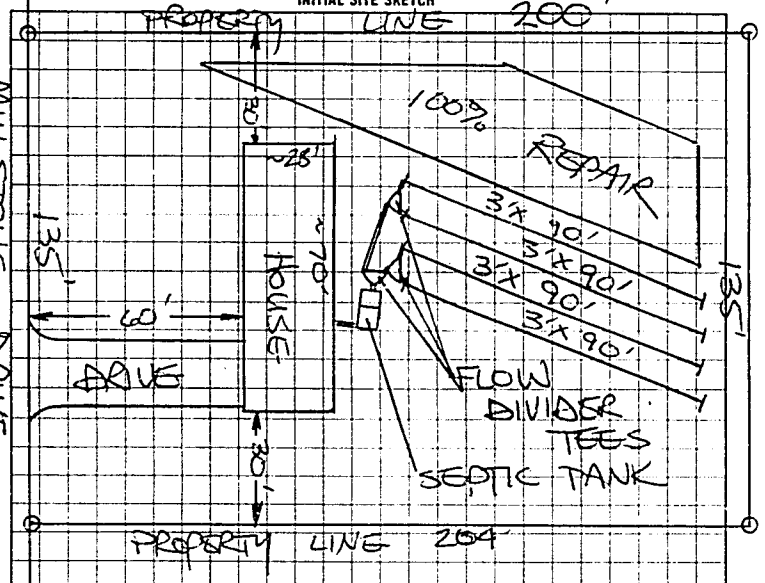
✓ House/Mod. Home No Bedrooms 3
☐ Mobile Home No Bathrooms 2
☐ Business No Employees _____
☐ Other _____
Slab ✓ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Community
✓ Public

Comments: USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO EACH OF FOUR 90' LINES.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial 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.

AUTHORIZATION TO CONSTRUCT IS VALID FIVE (5) YEARS FROM DATE OF ISSUANCE. IMPROVEMENT PERMIT HAS NO EXPIRATION DATE.

Signed X Alan Lewis

Improvement Permit by STEVE HEDRICK date 2-8-96

AUTHORIZATION TO CONSTRUCT

Existing System Inspection by STEVE HEDRICK date 2-8-96

Installed by Tommy Frye

~~Certificate of Completion by~~ _____ date _____

Operation Permit by L. C. Moore date 3-5-97

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

112100