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. 067034 DATE 6-16-97 TAX MAP NO. 4748346237 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR LARRY PITMAN PHONE: Business Home 873-6751

ADDRESS 122 ROCK HAVEN DRIVE, STATESVILLE, NC 28677

LOCATION US 21 N TO JENNINGS ROAD, TR EAGLEWOOD DRIVE, 6TH LOT ON RIGHT

SUBDIVISION IVY & OAKS MHP BLOCK / SECTION I LOT 11 LOT AREA 0.3099 ACRE SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 0.336AA/AA

Septic Tank: 1000 Gallons; STB 1012 Date 5-8-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields I Square Feet 720 Linear Feet 240

No Lines THREE Trench Width 36" Max Trench Bottom Depth 30"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CHAMBERED, GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth 12" ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 2

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

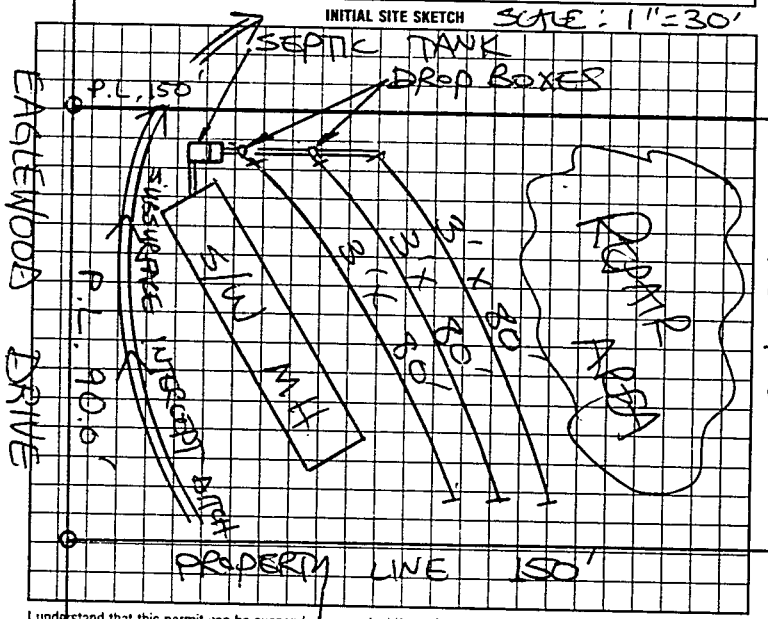
☐ Other _____

Water Supply: ☐ Individual ☐ Community ☒ Public

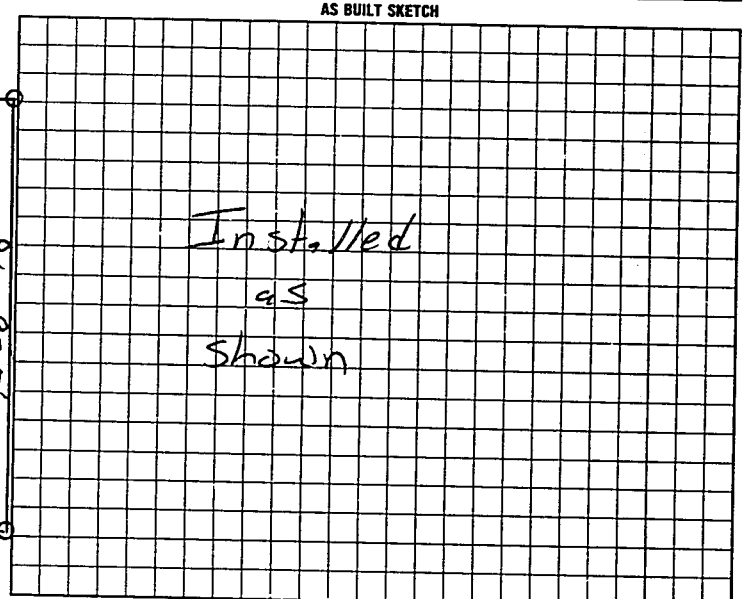
Comments: INSTALL SUBSURFACE INTERCEPT DRAINAGE DITCH AT LOCATION SHOWN BEGINNING, 42" DEEP & OUT TO DAYLIGHT

Comments:

INITIAL SITE SKETCH SCALE: 1"=30'



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. Improvement Permit is valid for 60 months from date of issuance. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE.

Signed: Ruth Pitman

Improvement Permit by: STEVE HEDRICK date 6-16-97

AUTH. TO CONST.

Existing System Inspection by: STEVE HEDRICK date 6-16-97

Installed by: A-1 Backhoe

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

Operation Permit by: [signature] date 6-30-97

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