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. 36244 DATE 4-5-97 TAX MAP NO. 4748346237 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR RUTH PITMAN PHONE: Business 939-0091 Home 838-6486

ADDRESS 122 ROCKHAVEN DRIVE, STATESVILLE NC 28677

LOCATION US 21 N, TL JENNINGS RD, TR EAGLEWOOD DR, LOT ON RIGHT PAST RIVERVIEW DRIVE

SUBDIVISION IVEY & OAKS MAP BLOCK / SECTION LOT 12 LOT AREA 0.3099 Acres SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 2-3-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 810 Linear Feet 270

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☒ 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

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

☐ House/Mod. Home No. Bedrooms 2

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

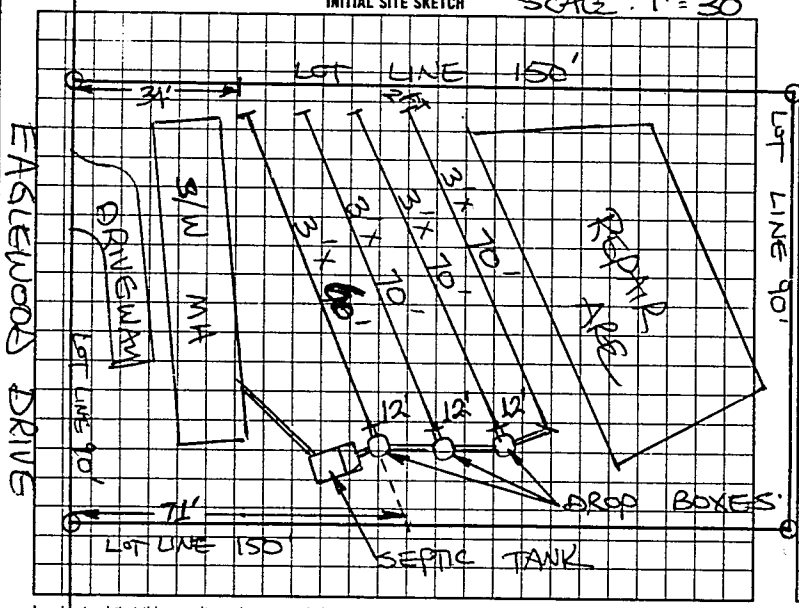
☐ Other _____

Water Supply: ☐ Individual ☐ Community ☒ Public

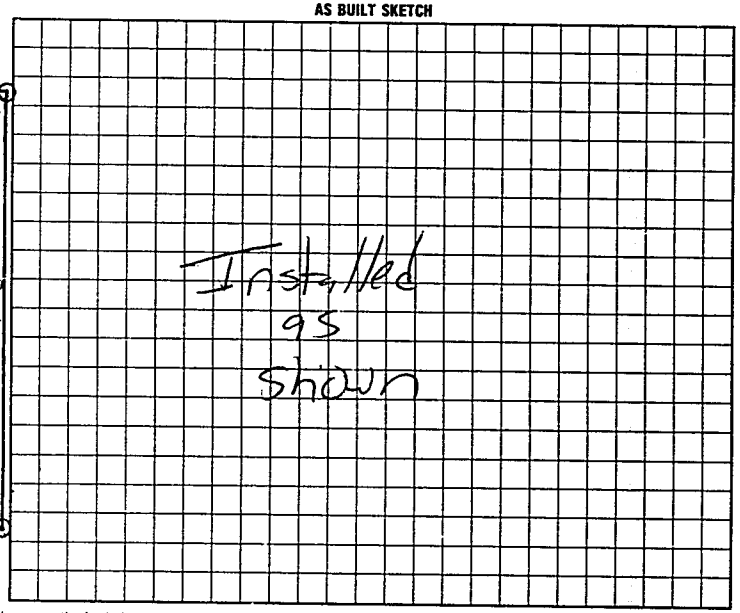
Comments: KEEP SYSTEM MINIMUM 20' FROM ANY OTHER SYSTEM OR REPAIR AREA

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 4-5-97

AUTH. TO CONST. ~~Privilege System Inspection~~ by: STEVE HEDRICK date 4-5-97

Installed by: A-1 Backhoe

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

Operation Permit by: Max C Ott IV date 4-8-97

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

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