# 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. 26245 DATE 4-5-97 TAX MAP NO. 4748 34 6237 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR RUTH PITMAN PHONE: Business 929-0091 Home 838-6486

ADDRESS 122 ROCKHAVEN DRIVE STATESVILLE NC 28677

LOCATION US21 N, TL JENNINGS RD, TR EAGLEWOOD, FIRST LOT ON RIGHT PAST RIVERVIEW DRIVE

SUBDIVISION IVEY OAKS MHP BLOCK / SECTION ____ LOT 13 LOT AREA 0.3424 Acre SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 0.30 epd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 12-97

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ 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

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

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

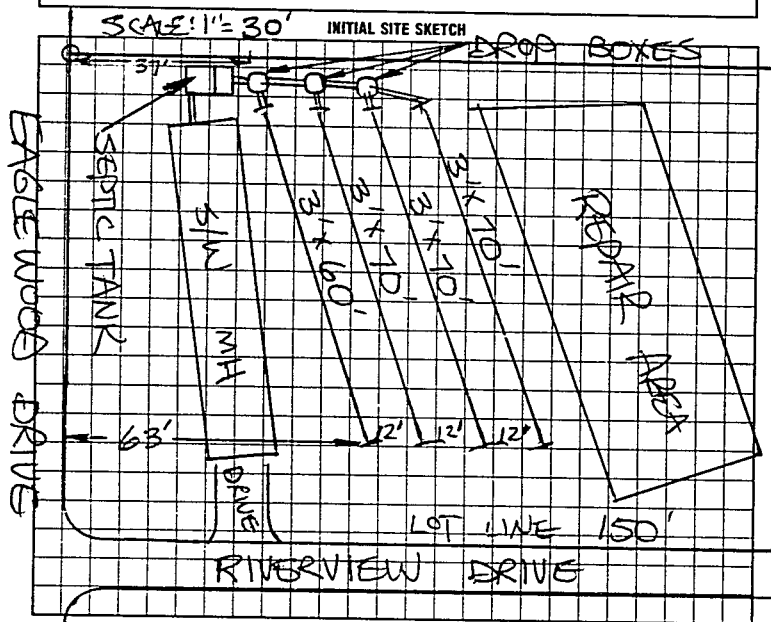
Water Supply: ☐ Individual ☐ Community ☒ Public

Comments: KEEP SYSTEM MINIMUM 20' FROM SYSTEM ON LOT #12.

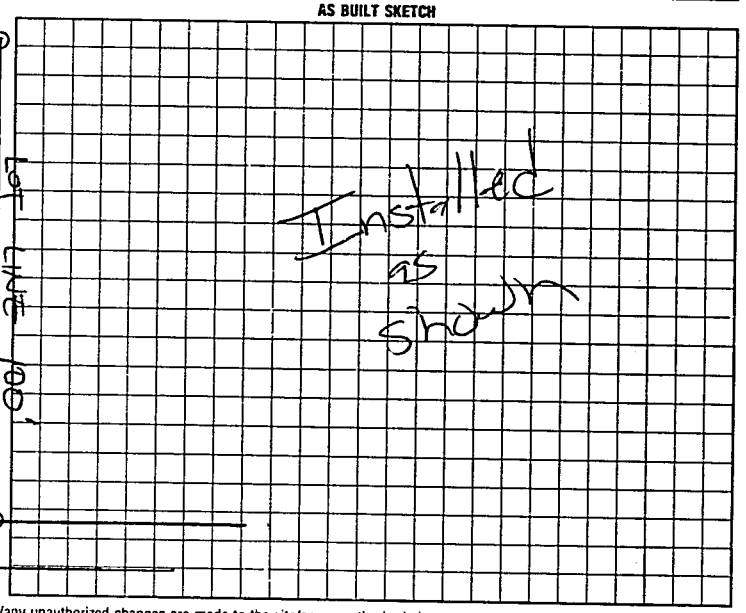
Comments:

SCALE: 1" = 30'

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

Signed: [signature]

Improvement Permit by: STEVE HEDRICK date 4-5-97

AUTH-TO CONST.

~~Existing System Inspection by~~: STEVE HEDRICK date 4-5-97

Installed by: A-1 Backhoe

~~Certificate of Completion by~~: ____ date ____

Operation Permit by: [signature] date 4-8-97

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