IREDELL COUNTY HEALTH DEPARTMENT

13 D - D - 1 on comp.

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 20483 DATE 3/17/95 TAX MAP NO. 13 D- D- 1 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR RUTH PITMAN PHONE: Business _____ Home 873-6751

ADDRESS 122 ROCKHAVEN DRIVE STVL, NC 28677

LOCATION US 21 N TL JENNINGS ROAD, TR MHP DRIVE (JUST PAST RIVER) 7TH LOT ON LEFT

SUBDIVISION IVEY'S OAKS MHP BLOCK / SECTION _____ LOT 7 LOT AREA 0.309 AC SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 0.33 GPD/FT2

Septic Tank: 1000 Gallons; STB 1012 Date 12/26/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

No Lines 3 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: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 2 No. Bathrooms 1 No. Employees ____

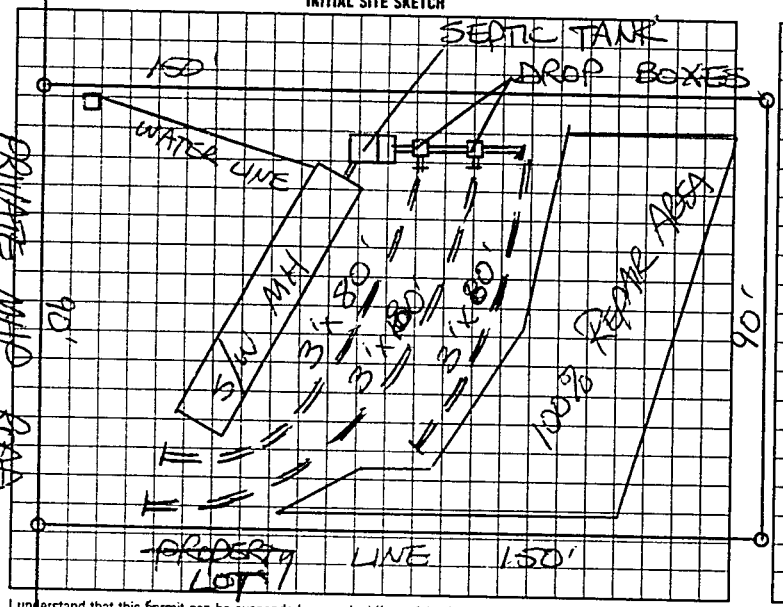
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: ① KEEP SYSTEM MINIMUM 5' FROM MH 10' FROM WATER LINE ② INSTALL LINES AS SHOWN ON CONTOUR NO DEEPER THAN 36", 9' MIN' ON CENTERS

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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.

Signed: Danny D. Pilmore

Improvement Permit by: STEVE HEDRICK date 3/17/95

Existing System Inspection by: _____ date _____

Installed by: DONALD LACKEY

Certificate of Completion by: STEVE HEDRICK date 3/28/95

Operation Permit by: _____ date _____

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