64252

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. 23019 DATE 9-7-96 TAX MAP NO. 5J-4-A-10 (PART) Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR EDDY ALEMAN PHONE: Business Home 838-0749

ADDRESS P.O. Box 5981, STATESVILLE NC 28677

LOCATION US 70 E TR BETHESDA RD, TL CORNFLOWER RD, TR LOG CABIN ROAD, 1ST LOT ON LEFT

SUBDIVISION ~~EDDY~~ ALEMAN BLOCK / SECTION LOT 2 LOT AREA AMPLE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 ~~GAL~~/FT²

Septic Tank: 1000 Gallons; STB 525 Date 10-11-96

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines FIVE Trench Width 36" Max Trench Bottom Depth 18-30" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: ~~CONVENTIONAL~~ GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees

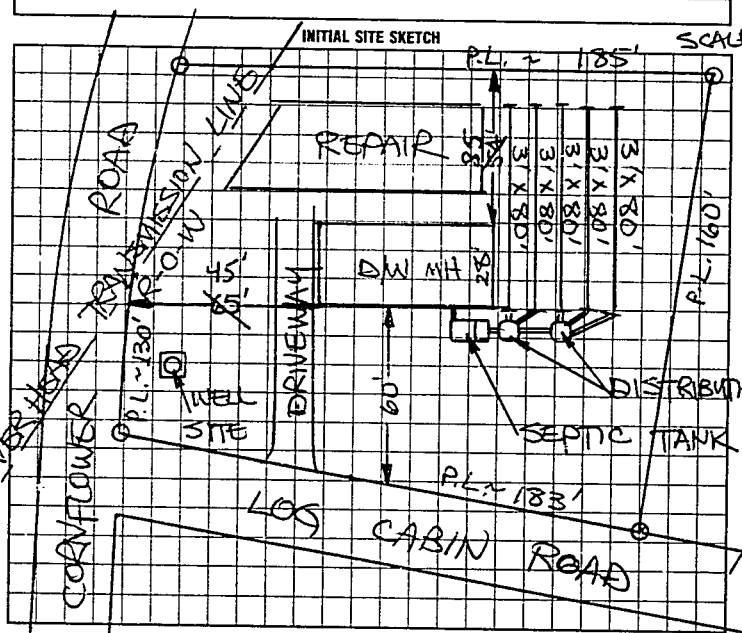
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Comments: KEEP WELL MINIMUM 100' FROM SYSTEM

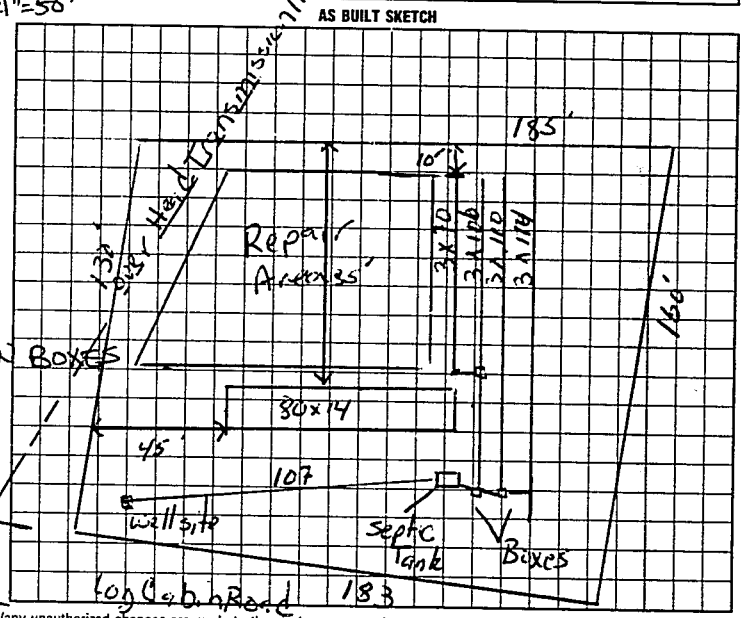
Comments: Double w.h replaced by single w.h 14x80 well 107ft ±

INITIAL SITE SKETCH



SCALE: 1" = 50'

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.

AUTH TO CONST IS VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE I.P. NOT TO EXCEED FIVE YEARS. I.P. W/ SITE PLAN IS VALID FIVE YEARS.

Signed: Eddy Aleman

Improvement Permit by: STEVE HEDRICK date 9-7-96

~~Authorization to Construct~~ Existing System Inspection by STEVE HEDRICK date 9-7-96

Installed by: Piedmont Septic

~~Certificate of Completion by~~: date

Operation Permit by [illegible] C.O.I. KS date 11-20-96

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

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