IREDELL COUNTY HEALTH DEPARTMENT

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

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

04479

PROPERTY DESCRIPTION NO. 24810 DATE 9-7-96 TAX MAP NO. (PART of) 5J-4-A-10 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR EDDY ALEMAN PHONE: Business 278-2734 Home 838-0749

ADDRESS P.O. BOX 5981, STATESVILLE NC 28677

LOCATION US 70 E, TR BETHESDA RD, TL CORNFLOWER RD, ~ 300 FEET ON RIGHT PAST LOG CABIN ROAD

SUBDIVISION EDDY ALEMAN BLOCK / SECTION ____ LOT 3 LOT AREA AMPLE SITE CLASS. P3 DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 8/20/96

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 No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

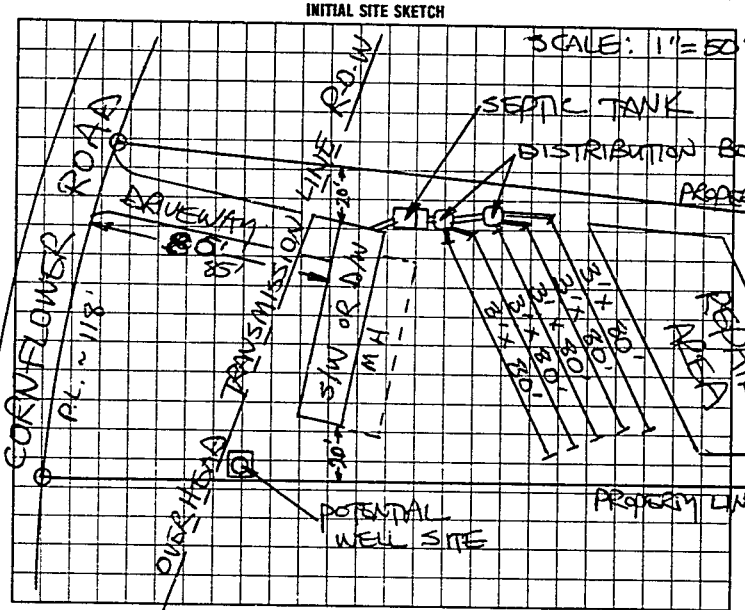
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Comments: ① KEEP SYSTEM MINIMUM 100' FROM WELL; ② INSTALL LINES ON CONTOUR, NO DEEPER THAN 30"

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.

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: BARRY SIGMON

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

Operation Permit by: STEVE HEDRICK date 12-10-96

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

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