Chip Putnam

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 54014

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

PROPERTY DESCRIPTION NO. 18353 DATE 12-1-94 TAX MAP NO. 5R-2-A-5 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Tim Hamby PHONE: Business _____ Home 872-0825

ADDRESS 906 elk mocksville rt 6 Statesville

LOCATION 64E to New Salem ch Rd to Salem meadow Dr 5th lot on left SUBDIVISION Salem meadow BLOCK / SECTION _____ LOT 5 LOT AREA 1.0 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 2-7-95
Pump Tank: 460 Gallons; PT 27 Date 2-15-95
Pump Make: LIBERTY Model LE51A Serial No. 1198
Nitrification Field: No Fields 4 Square Feet 1200 Linear Feet 400
No Lines 5 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump to Conv. lines
Repair System Description: " " " "
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

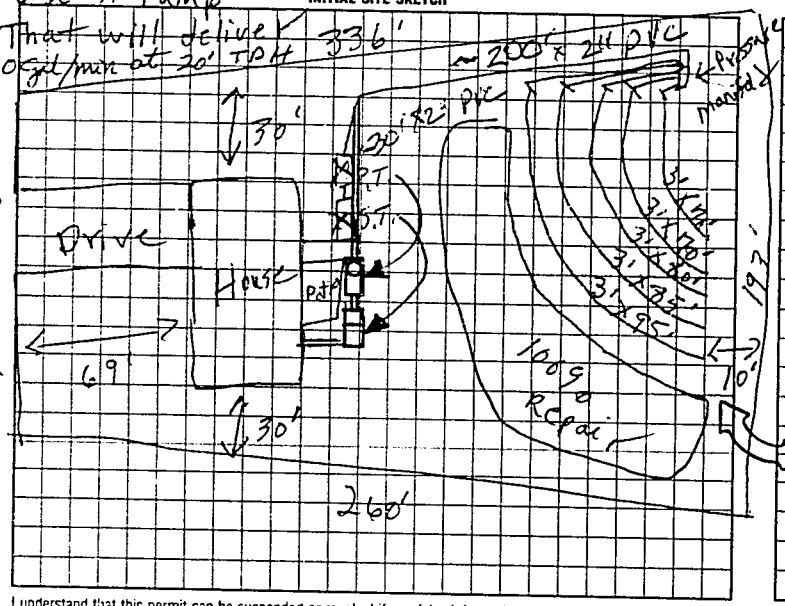
Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: See Attached Sheets For Pump Tank & Pressure manifold Which are apart of This Permit

Comments:

INITIAL SITE SKETCH

use A Pump That will deliver 40 gal/min at 20' TDH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH 3/16/95

* WATER OBSERVED SEEPING INTO LOWER NITRIFICATION TRENCH PRIOR TO STONE INSTALLATION - MAY REQUIRE FUTURE SUBSURFACE INTERCEPT DRAIN AS REPAIR.

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: X Timothy Hamby

Improvement Permit by: H. C. Moore date 12-1-94

Existing System Inspection by _____ date _____

Installed by: A-1 BACKHOE

Certificate of Completion by: H. C. Moore date 3-24-95

Operation Permit by _____ date _____

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