IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 4-3-97 pd 30 10-16-97

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

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

PROPERTY DESCRIPTION NO. 2637 069767 DATE 10-15-97

OWNER OR CONTRACTOR WILLIAM DOYLE / JEFF WICKER TAX MAP NO. 477526 5067 Watershed: ☐ Yes ☑ No

ADDRESS 146 HUNTER RIDGE LANE, STATESVILLE, NC 28677 PHONE: Business 838-2296 Home 871-0940

LOCATION US 64 E, TL SAIN ROAD, 1ST LOT ON LEFT PAST LAZY D LANE

SUBDIVISION SALEM PARK BLOCK / SECTION ____ LOT 96 LOT AREA 0.42 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 9-22-97

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: GRAVITY CHAMBERS lp

Maintenance Agreement Required: ☐ Yes ☑ No HAS

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

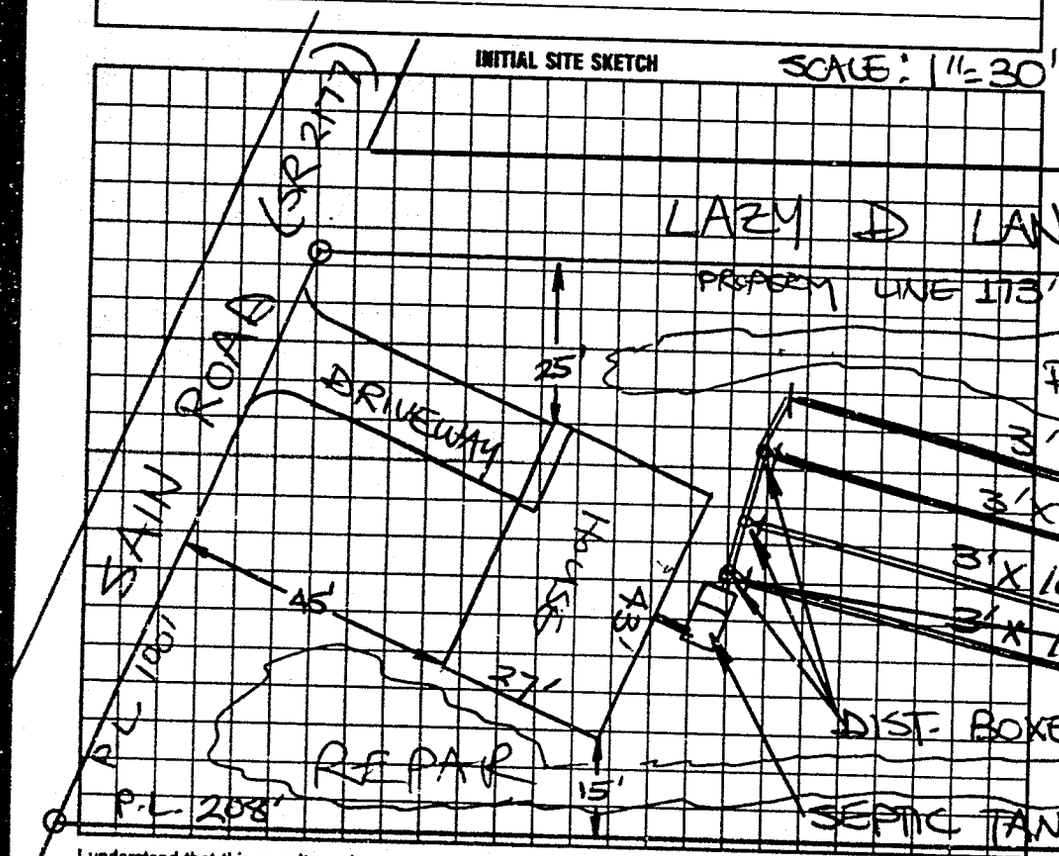
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

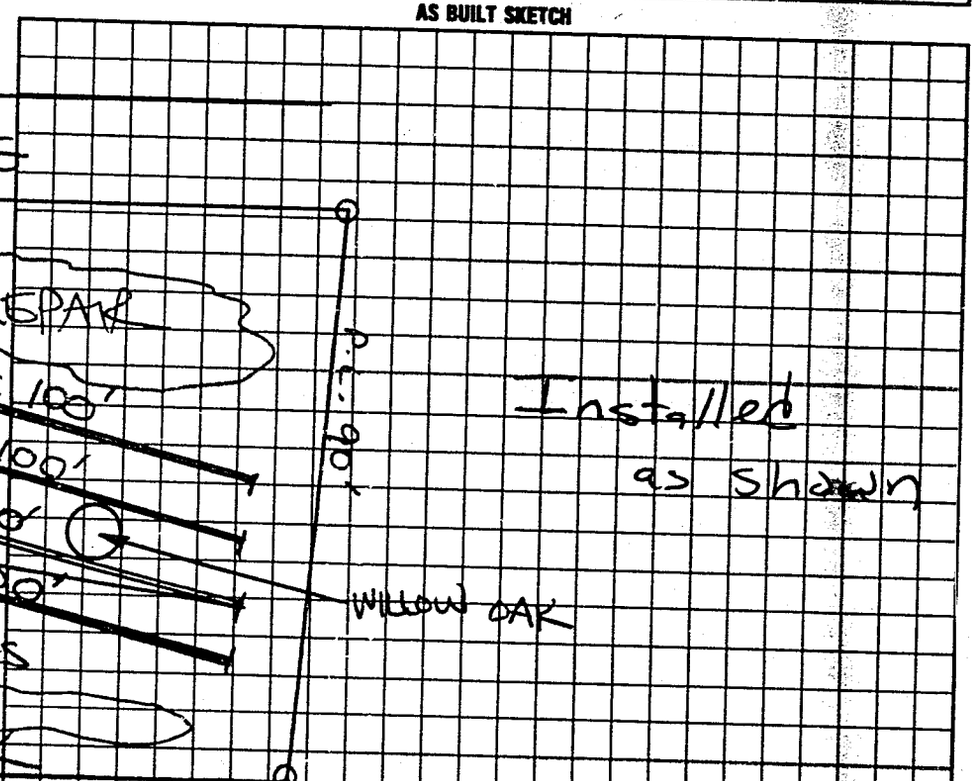
Comments: SCOUR TRENCH SIDEWALLS WHERE SMEARING OCCURS

Comments:

INITIAL SITE SKETCH SCALE: 1"=30'



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: Jeff Wicker

Improvement Permit by: STEVE HEDRICK date 10-16-97

AUTH. TO CONST. Existing System Inspection by: STEVE HEDRICK date 10-16-97

Installed by: Steve Jadon

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

Operation Permit by: Mary C. Ott RS date 1-6-98

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