IREDELL COUNTY HEALTH DEPARTMENT

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

60711

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

PROPERTY DESCRIPTION NO. 23651 DATE 5-4-96 TAX MAP NO. 11L-2-A-50 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR BETTY WHITE PHONE: Business _____ Home 838-0559

ADDRESS 1017 WALL ST STATESVILLE NC 28677

LOCATION RIVERHILL ROAD, TR SOUTH ON LANE TO NORTHFIELD ROAD, 2ND ON LEFT [redacted]

SUBDIVISION COOLWOOD II BLOCK / SECTION II LOT 50 LOT AREA 130' X270' SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 821 Date 4-11-96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 6 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: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

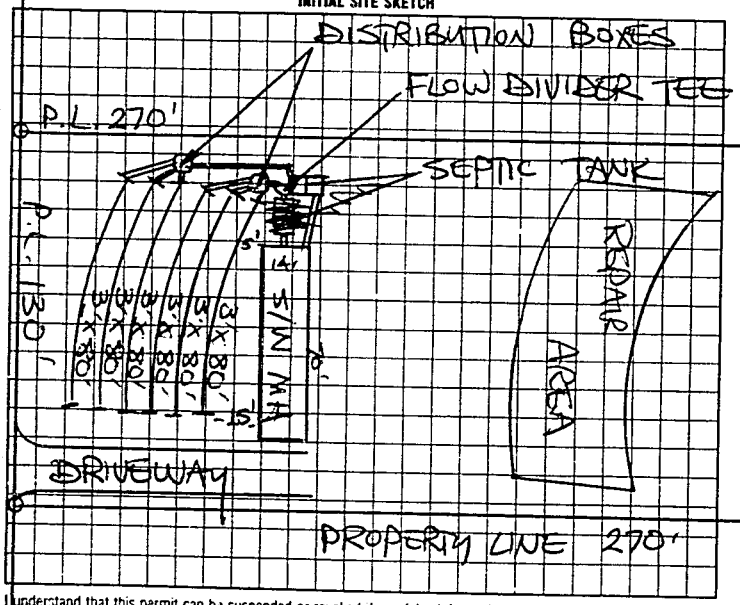
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

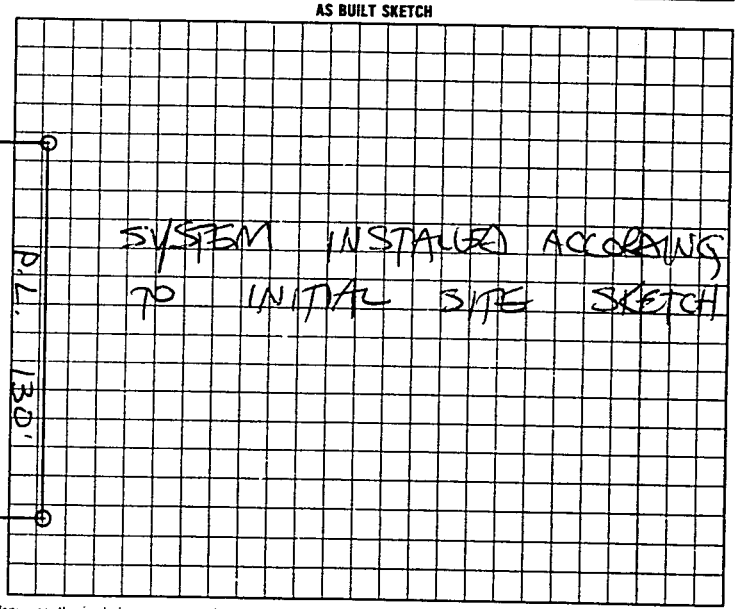
Comments: ① USE ONE FLOW DIVIDER TEE TO DIVIDE EFFLUENT EQUALLY INTO TWO DISTRIBUTION BOXES FEEDING THREE LINES EACH.
② KEEP SYSTEM MINIMUM 10' FROM WATER LINE

Comments:

INITIAL SITE SKETCH



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. Authorization to Construct is valid five (5) years from date of issuance. Improvement Permit has no expiration date.

Signed: Betty White

Improvement Permit by: STEVE HENRICK date 5-4-96

AUTHORIZATION TO CONSTRUCT: STEVE HENRICK date 5-4-96

Installed by: G & M ENTERPRISES

Certificate of Completion by: _____ date _____

Operation Permit by STEVE HENRICK date 5-13-96

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

9 8 7 2 0 0