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 INALL ST STATESVILLE NC 28677

LOCATION RIVERHILL ROAD, TR SOUTHWAY LANE, TL NORTHFIELD ROAD, 2ND ON LEFT [redacted]

SUBDIVISION COOLWOOD JL BLOCK / SECTION JL LOT 50 LOT AREA 150 X 270' SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 gpd/sq ft

Septic Tank: 1500 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
☐ Slab ☒ Gravel Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

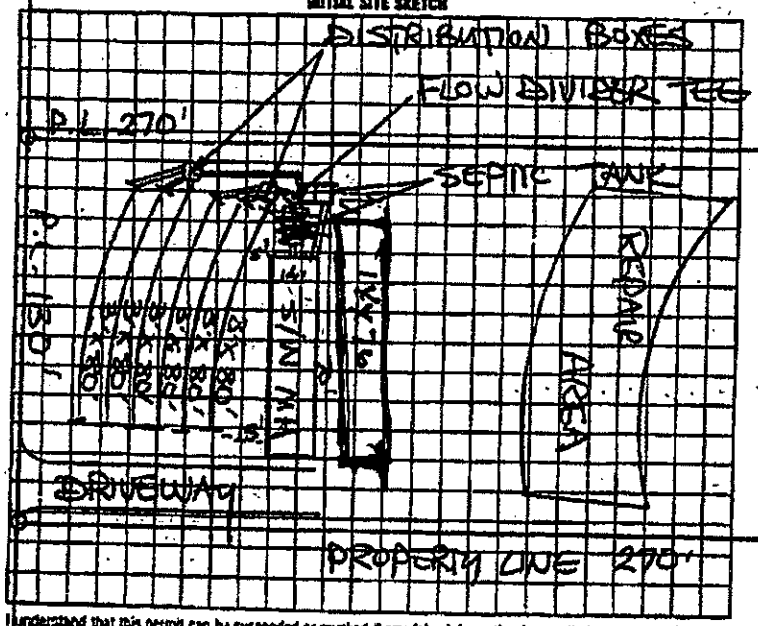
☐ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply:
☐ Individual
☐ Community
☒ Public

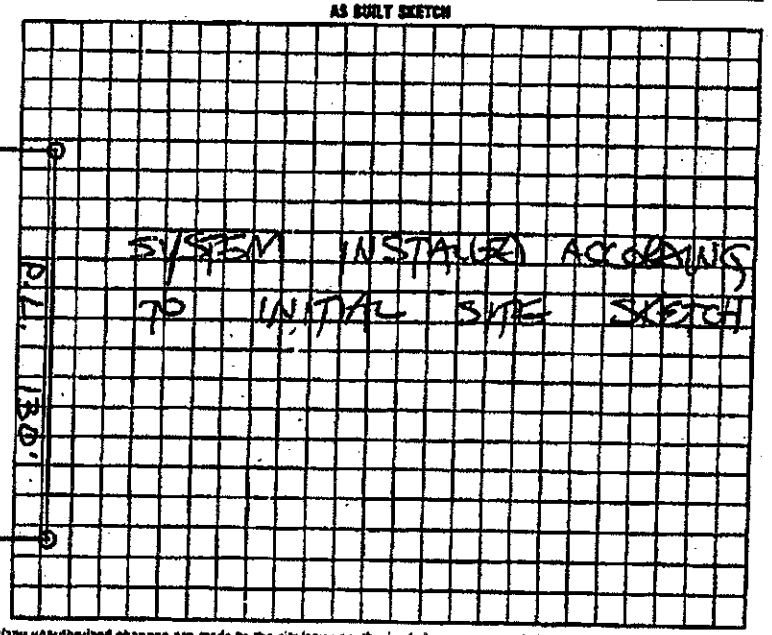
Comments: ① USE ONE FLOW DIVIDER TEE TO DIVIDE EFFLUENT EQUALLY INTO TWO DISTRIBUTION BOXES FEEDING THREE LINES EACH.
② KEEP SYSTEM MINIMUM 10' FROM WATER LINE

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 HENDRICK date 5-4-96

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

Installed by: G & M ENTERPRISES.

Certificate of Completion by: _____ date _____

Operation Permit by STEVE HENDRICK date 5-13-96

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