# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 24822-01015 DATE 9-17-96 TAX MAP NO. 11L-2-A-22 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR TRACEY SMITH PHONE: Business Home 872-0329

ADDRESS 1228 WILMINGTON AVE, STATESVILLE, NC 28677

LOCATION OLD MOCKSVILLE RD, TR COOL SPRINGS RD, TR COOLWOOD DRIVE 7TH LOT ON LEFT

SUBDIVISION COOLWOOD BLOCK / SECTION LOT 22 LOT AREA 0.90 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 821 Date 10-31-97
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines SIX Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 10"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

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

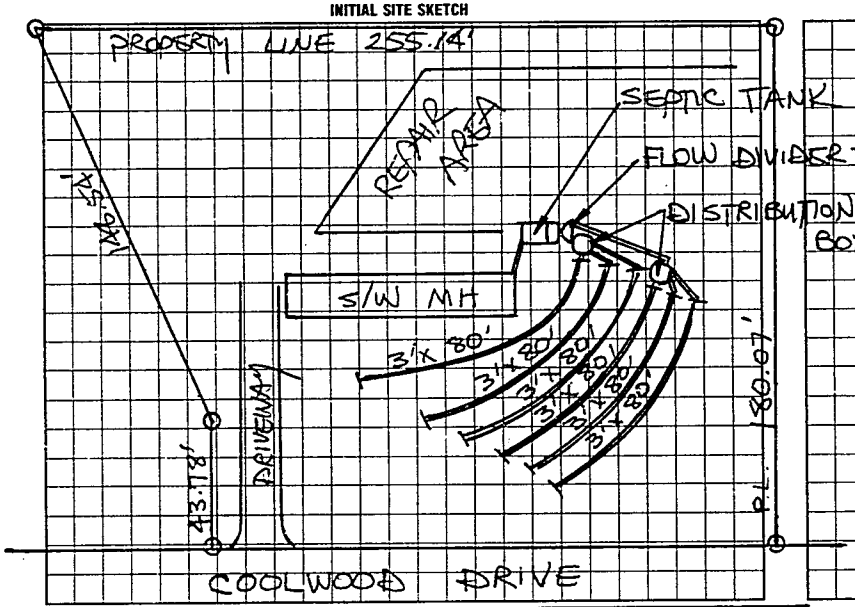
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: CONTACT HEALTH DEPT. AFTER CLEARING AND PRIOR TO INSTALLATION TO FLAG OUT SYSTEM CONTOURS.

Comments:

INITIAL SITE SKETCH




AS BUILT SKETCH

Installed as shown

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. IP W/SITE PLAN IS VALID FIVE YEARS.

Signed: Tracey C. Smith

Improvement Permit by: STEVE HEDRICK date 9-17-96

~~Authorization to Construct by:~~

~~Existing System Inspection by:~~ STEVE HEDRICK date 9-17-96

Installed by: G & M Enterprises

~~Certificate of Completion by:~~ date

Operation Permit by Mary C. Ogburn date 12-17-97

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

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