00669

26B on Computer

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. 17761 DATE 2/3/94 TAX MAP NO. 12E-A-26D

OWNER OR CONTRACTOR BOBBY G. ELMORE Watershed: ☐ Yes ☑ No

ADDRESS RT. 1 BOX 154 STVL NC 28677 PHONE: Business ______ Home 872-5969

LOCATION US 21 N, TR CHIEF THOMAS ROAD ON (L) ABOUT 500' BEFORE (SR 2153) CHADWICK

SUBDIVISION ______ BLOCK / SECTION ______ LOT ______ LOT AREA 0.606 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.40 GPD/FT2

Septic Tank: 1000 Gallons; STB 782 Date 11/17/93
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
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: CONV. GRAVITY
Repair System Description: PPBPS GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

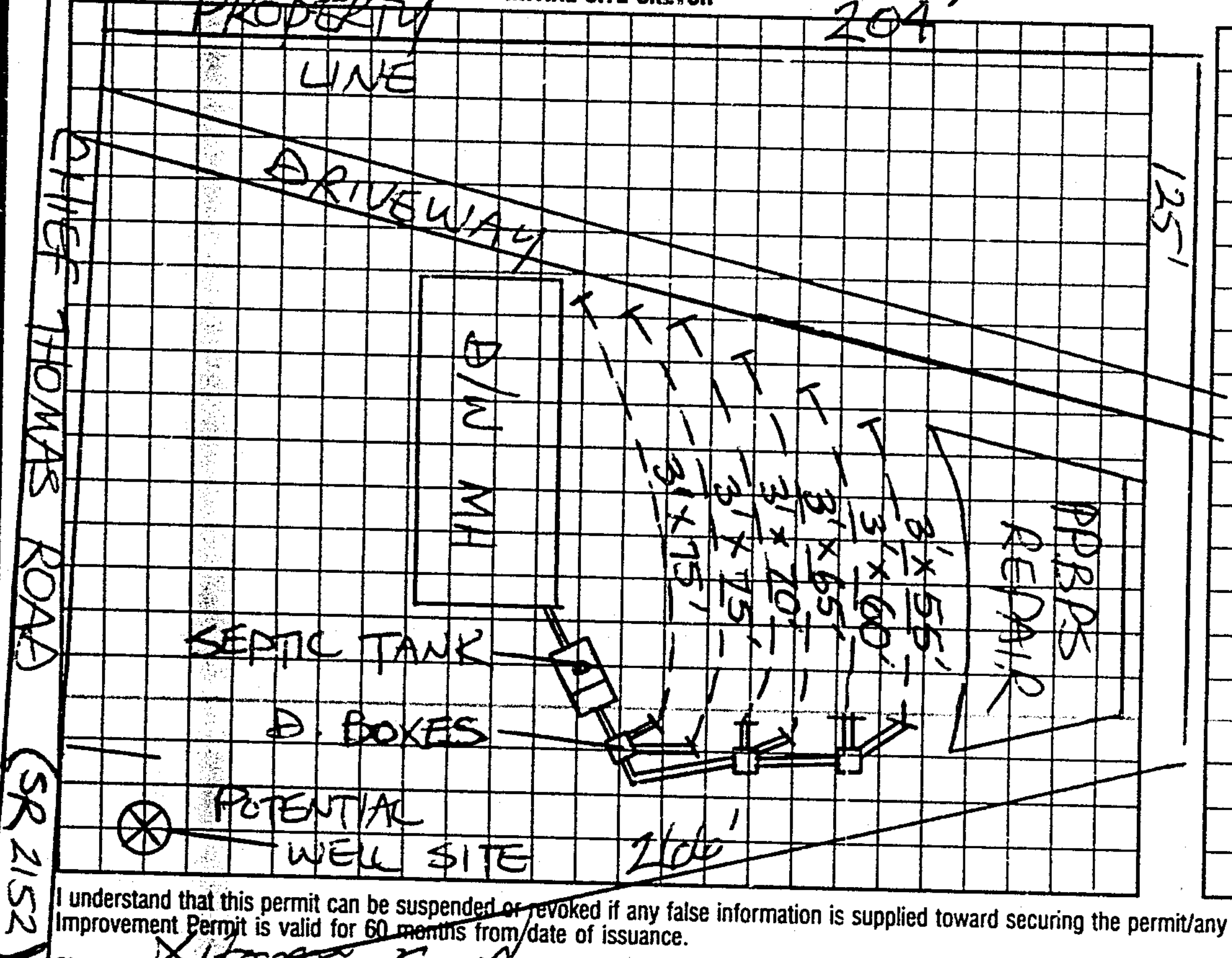
☐ House/Mod. Home No. Bedrooms 4
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees ______
☐ Other ______
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public
WELL

Comments: ① KEEP SYSTEM MINIMUM 5' FROM MH, 10' FROM PROPERTY LINE, 100' FROM WELL, 15' FROM DITCH ② INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' APART ON CENTER

Comments: ______

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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.

Signed: X [signature]

Improvement Permit by: STEVE HEDRICK date 2/3/94

Existing System Inspection by: ______ date ______

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HEDRICK date 2/4/94

Operation Permit by: ______ date ______

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