IREDELL COUNTY HEALTH DEPARTMENT

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

#63252

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

PROPERTY DESCRIPTION NO. 24513 DATE 8-12-96 TAX MAP NO. 12H-4-A-15 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR GEORGE L. LUCAS PHONE: Business Home 873-7524

ADDRESS 147 HARPER DRIVE, STATESVILLE, NC 28677

LOCATION US 21 N, TR BETHEL RD, JR FLORA LANE, 6TH LOT ON RIGHT

SUBDIVISION MT. BETHEL ESTATES BLOCK / SECTION II LOT 15 LOT AREA ~2.042ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.35 gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 7-25-96
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345
No Lines 3 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

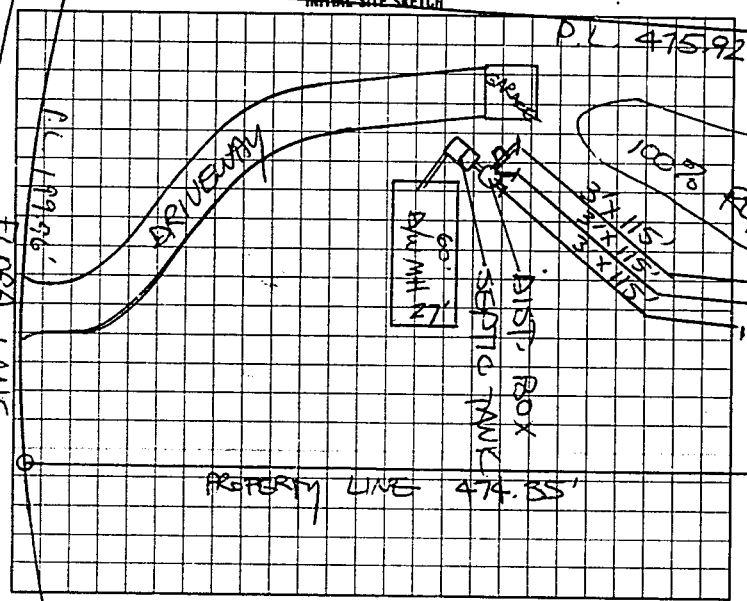
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Community
☒ Public

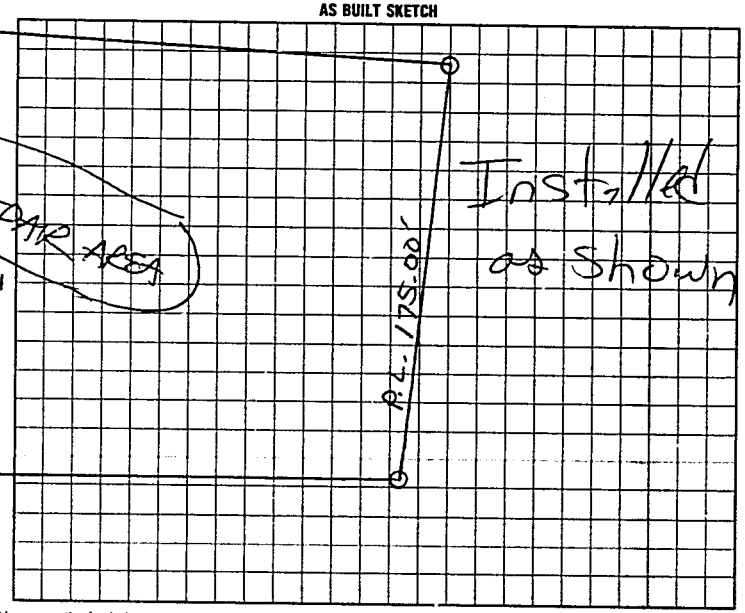
Comments: (1) KEEP SYSTEM MINIMUM 5' FROM BUILDING FOUNDATION (2) INSTALL LINES ON CONTOUR AS FLAGGED, NO DEEPER THAN 36", 9' ON CENTERS

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.
AUTH. TO CONST. IS VALID FOR FIVE (5) YEARS FROM DATE OF ISSUANCE. IMPROVEMENT PERMIT WITH SITE PLAN IS VALID FOR FIVE YEARS.

Signed: George L. Lucas

Improvement Permit by: STEVE HEDRICK date 8-12-96
AUTH. TO CONST.

~~Existing System Inspection by~~ STEVE HEDRICK date 8-12-96

Installed by: A-1 Backhoe Service

~~Certificate of Completion by:~~ MARCUS RS date 9-25-96

Operation Permit by ____ date ____

HEALTH DEPT. COPY, WHITE — INSPECTION COPY (FINAL), GREEN — OWNER COPY (FINAL), YELLOW — INSPECTION COPY (INITIAL), PINK — OWNER COPY (INITIAL), BLUE

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