54275

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. 19879 DATE 1/10/95 TAX MAP NO. PART OF 12B-A-8 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR DAVID SIMONSON PHONE: Business 872-0038 Home 546-3061

ADDRESS 158 SQUEAKY TREE LANE, STATESVILLE, NC 28677

LOCATION I-40 W, TL US 64E (EXIT 162), TR SQUEAKY CH. RD, TL SUNFLOWER ROAD, TR SQUEAKY TREE LANE, HOUSE ON LEFT ~ HALFWAY (TOP OF HILL)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~3 ACRES SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons: STB 779 Date 12/10/94

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533.3

No Lines 4 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 4 No. Bathrooms 2 No. Employees _____

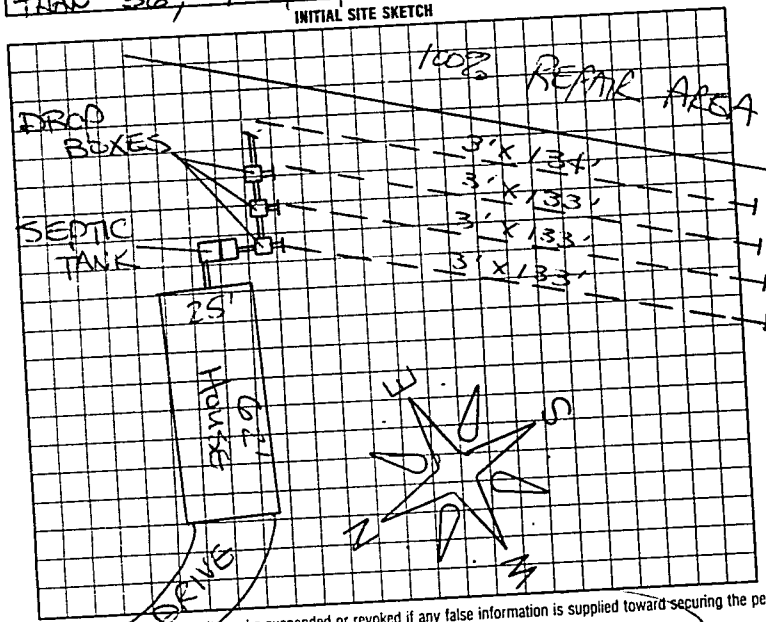
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

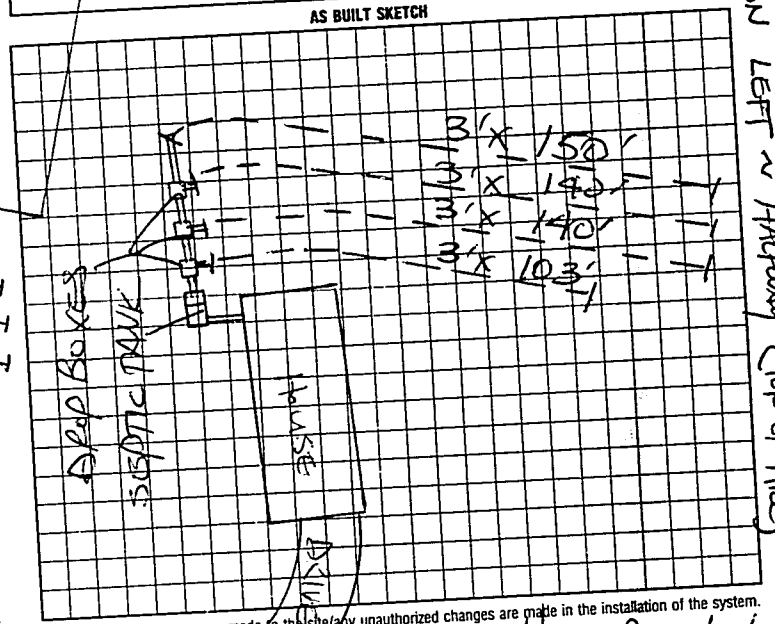
Comments: ① KEED SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE, 100' FROM WELL, 50' FROM STREAM ② INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' APART MINIMUM ON CENTERS.

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.

Improvement Permit is valid for 60 months from date of issuance.

Signed: X DAVID M. SIMONSON

Improvement Permit by: STEVE HEDRICK date 1/10/95

Existing System Inspection by: _____ date _____

Installed by: JAMES HYATT

Certificate of Completion by: STEVE HEDRICK date 3/16/95

Operation Permit by: _____ date _____

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

PROPERTY LINE

887100