IREDELL COUNTY HEALTH DEPARTMENT

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

#L 63533

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

PROPERTY DESCRIPTION NO. 24541 DATE 8-12-96 TAX MAP NO. 12J-A-139 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR DARLENE ECKLES PHONE: Business 872-8171 Home 546-5629

ADDRESS 311 CARTNER ROAD, STATESVILLE NC 28677

LOCATION OLD MOCKSVILLE ROAD, TL CARTNER ROAD, TL TINSLEY DRIVE, AT END ON LEFT

SUBDIVISION TINSLEY BLOCK / SECTION ____ LOT 9 LOT AREA 1.037 AC SITE CLASS P3 DESIGN FLOW 480 L.T.A.R. 0.33 GAD/FT²

Septic Tank 1000 Gallons; STB 794 Date 7/22/96
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 8 4 Trench Width 36" Max Trench Bottom Depth 18-30" 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 4
☑ Mobile Home No. Bathrooms 2½
☐ Business No. Employees ____
☐ Other ____

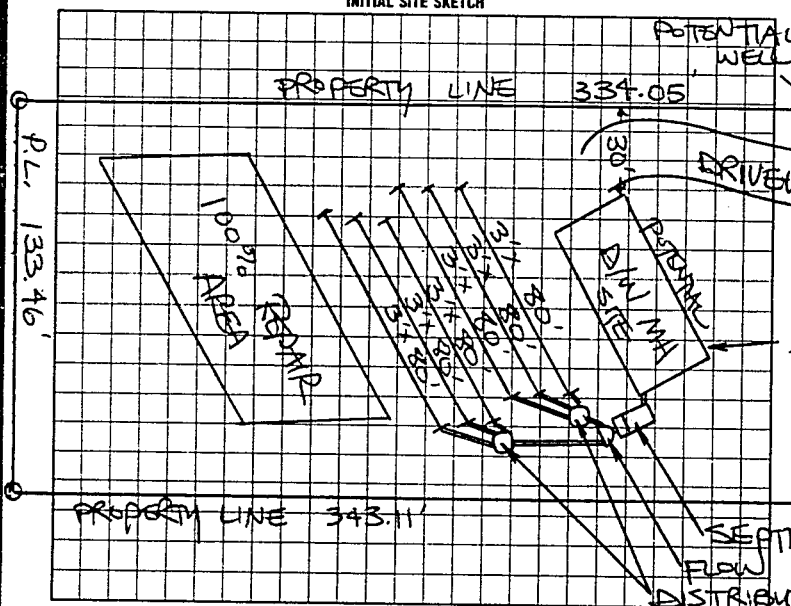
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Community
☐ Public
WELL

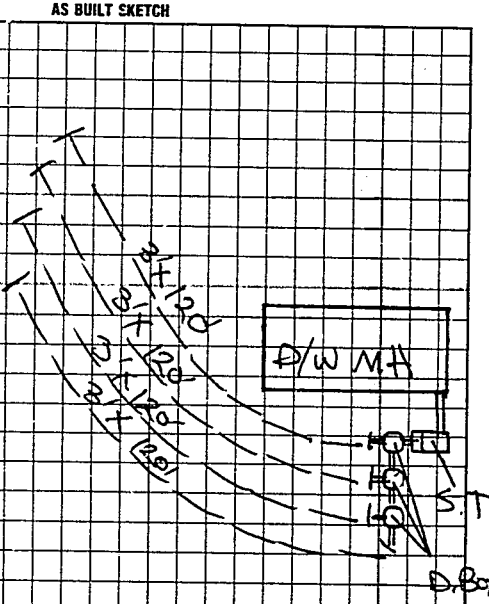
Comments: ① KEEP SYSTEM MINIMUM 100' FROM WELL
② INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' ON CENTER.

Comments: SYSTEM CHANGED DUE TO ORIENTATION OF MH.

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 FIVE YEARS.

Signed: Darlene Eckles 8-12-96 Installed by: A-1 BACKHOE

Improvement Permit by: STEVE HEDRICK date 8-12-96

AUTH. TO CONST. Existing System Inspection by: STEVE HEDRICK date 8-12-96

~~Certificate of Completion by:~~ ____ date ____

Operation Permit by: STEVE HEDRICK date 9-20-96

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