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. 26364 DATE 4-14-97 TAX MAP NO. 4799175199 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR LEON GRAY PHONE: Business Home 546-5213

ADDRESS 311 OLD MILLER ROAD STATESVILLE NC 28677

LOCATION US21N, TR NC90L, TL GUILFORD RD, ~0.3 MILE ON RIGHT AT CALICO SPRINGS DRIVE

SUBDIVISION EMILY VICK BLOCK / SECTION LOT 18 LOT AREA SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 3-7-97
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No. Fields 1 Square Feet EQ TO 1200 Linear Feet 300+
No. Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: CHAMBERED GRAVITY
Repair System Description: PPBPS GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

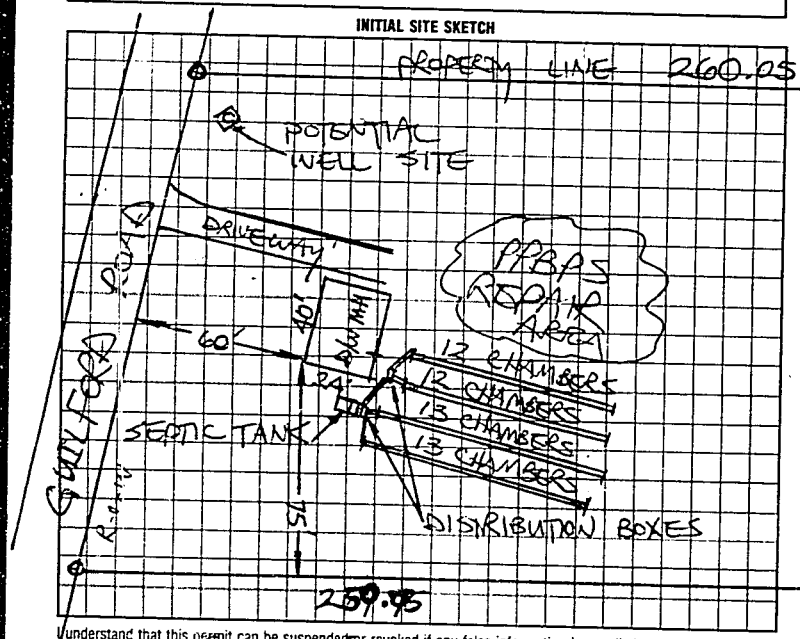
(I) House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply: ☑ Individual ☐ Community ☐ Public

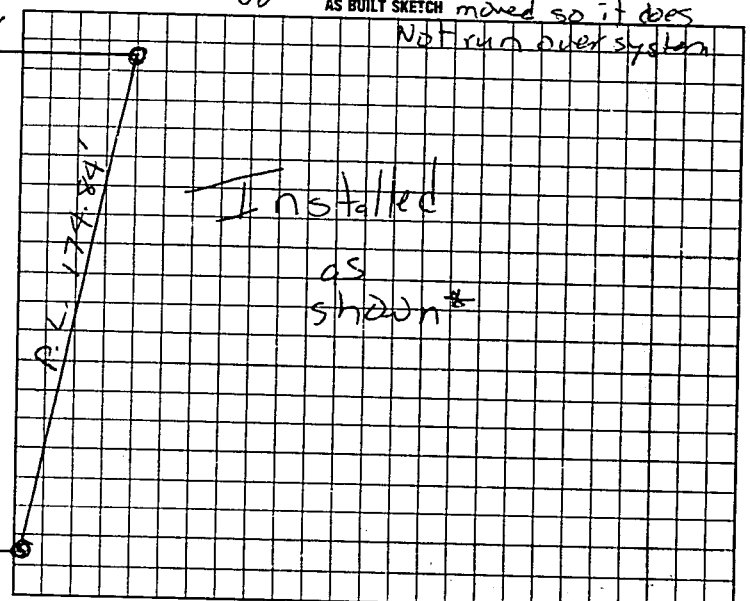
Comments: ① INSTALL FIFTY CHAMBERS IN FOUR LINES AS SHOWN ON CONTOUR ② KEEP SYSTEM MINIMUM 100' FROM WELL

Comments:
* Note Tank is behind house 10 Ft
Stub out behind house
Drainage way of road needs to be moved so it does Not run over system

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. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE.

Signed. Leon Gray

Improvement Permit by: STEVE HEDRICK date 4-14-97

~~Authorization to Construct~~ by: STEVE HEDRICK date 4-14-97

Installed by: Donald Lackey

~~Certificate of Completion by:~~ date

Operation Permit by: [signature] PS date 5-9-97

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