IREDELL COUNTY HEALTH DEPARTMENT

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

pd 9/25/98 #1987

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

PROPERTY DESCRIPTION NO. 067803 DATE 8-14-97 TAX MAP NO. 4801 88 5065 Watershed: IYRA ☒ No

OWNER OR CONTRACTOR MIKE CARUSO PHONE: Business 323-0825 Home 592-5517

ADDRESS 279 LOVE VALLEY ROAD, STATESVILLE, NC. 28677

LOCATION NC115 N, TL MTN. VIEW ROAD, TR LOVE VALLEY ROAD, TL FOX MTN. RD. 0.6 MILE ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 34 ACRES SITE CLASS. FS DESIGN FLOW 960 L.T.A.R. 0.5 GPD/FT²

Septic Tank: 1500 Gallons; STB 797 Date 9-16-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ TO 1920 Linear Feet 480+

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND 6"

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: CHAMBERED GRAVITY

Repair System Description: CHAMBERED GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms _____

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees _____

☑ Other 3 SITE CAMPGROUND (6 BR EACH)

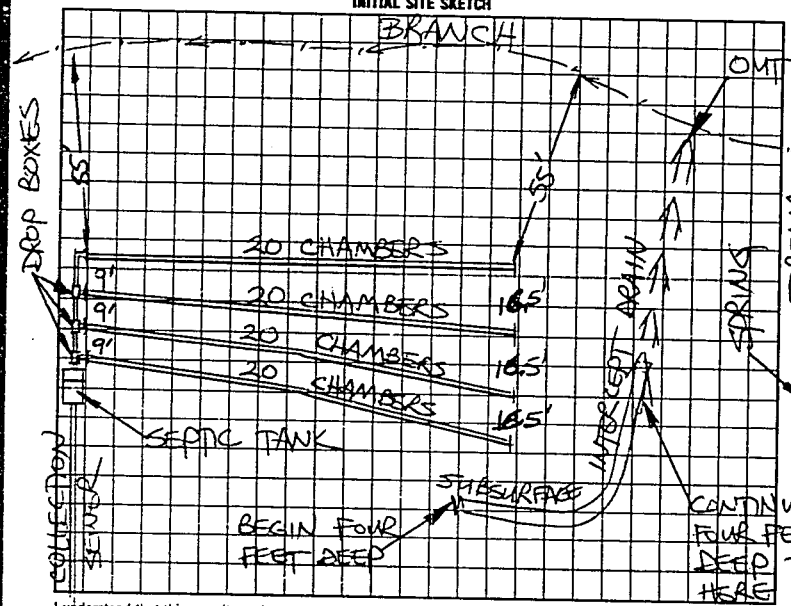
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Individual ☒ Community ☐ Public WELL

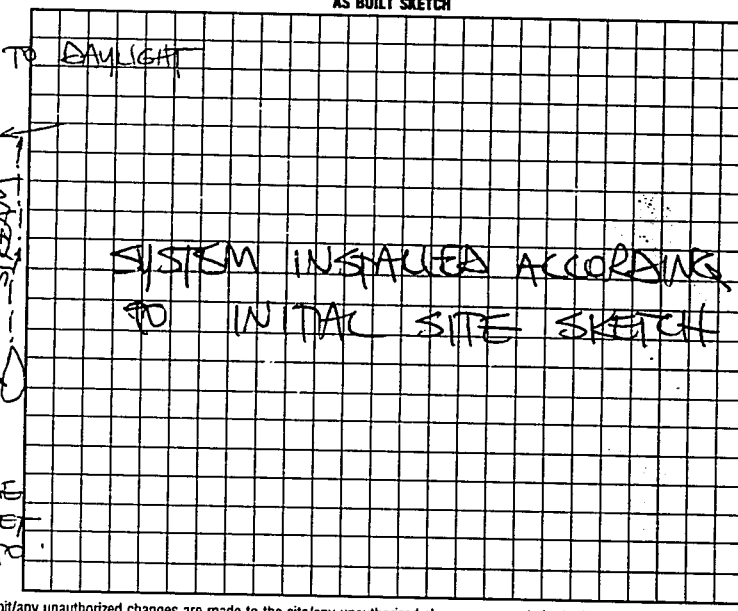
Comments: ① INSTALL EIGHTY (80) CHAMBERS IN FOUR EQUAL LENGTH LINES AS FLAGGED ON CONTOUR ② INSTALL SUBSURFACE INTERCEPT DRAINAGE DITCH AT LOCATION SHOWN BEGINNING FOUR FEET DEEP

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

Signed: X Michael J Carusa

Improvement Permit by: STEVE HEDRICK date 8-14-97

Auth. to Const. Existing System Inspection by: STEVE HEDRICK date 8-14-97

Installed by: [redacted] TONY OSARLEY (CASON CO.)

~~Certificate of Completion by:~~ _____ date _____

Operation Permit by STEVE HEDRICK date 11-18-97

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