IR[illegible]ELL COUNTY HEALTH DEPARTMENT

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

IMP[illegible]VEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 067246 DATE 5-21-97 TAX MAP NO. 4801912897 Watershed: ☐ Yes ☑ No

OWNER,OR CONTRACTOR TOM THREATTE PHONE: Business Home 873-4367

ADDRESS 252 N. SHADY REST ROAD, STATESVILLE, NC 28677

LOCATION NC 115 N, TL MTN. VIEW ROAD, TL BROOKHAVEN ROAD, 0.7 MILE ON LEFT

SUBDIVISION BLOCK / SECTION LOT LOT AREA 0.914 ACRE SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.40 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 7-18-97

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines FIVE Trench Width 36" Max Trench Bottom Depth 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 4

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

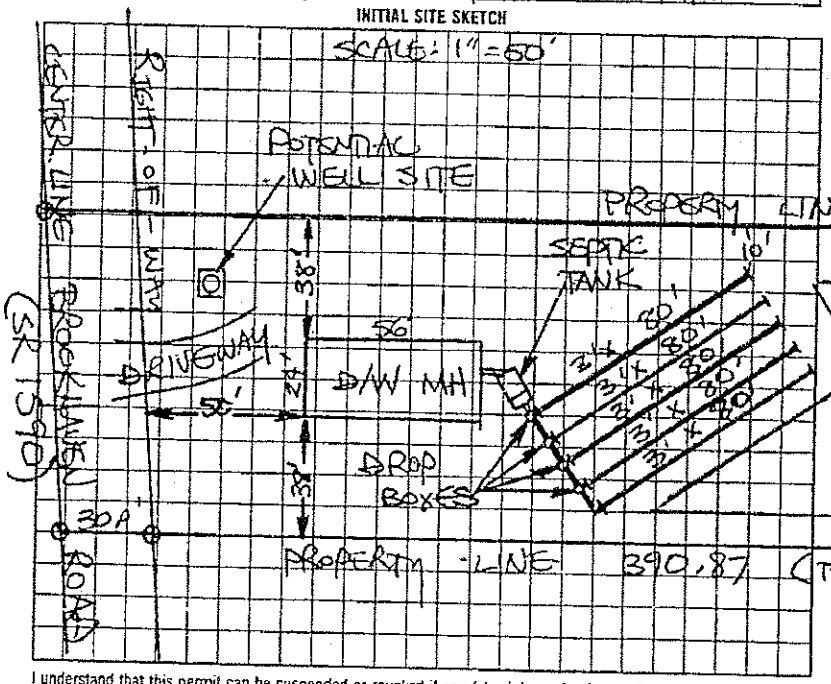
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

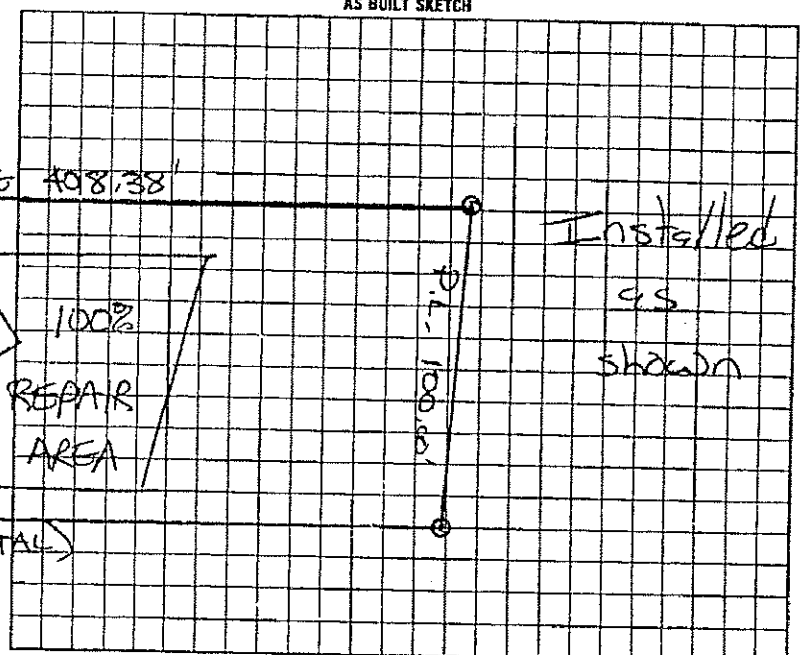
Comments: ① KEEP SYSTEM MINIMUM 100' FROM WELL
② INSTALL LINES ON CONTOUR AS SHOWN, CONTACT HEALTH DEPT. IF NECESSARY TO ESTABLISH CONTOUR OR OTHER CONSULTATION

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: by Lisa Blim

Improvement Permit by: STEVE HEDRICK date 6-21-97

AUTH. TO CONST.

Existing System Inspection by: STEVE HEDRICK date 5-21-97

Installed by: A-1 Backhoe

~~Certificate of Completion by:~~ date

Operation Permit by: Mark CO, for RS date 9-23-97

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