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. 26346 DATE 4-7-97 TAX MAP NO. 4801913815 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR WAYNE LUTTON PHONE: Business Home 873-8788

ADDRESS 2812 MEADOW BROOK ROAD, STATESVILLE, NC 28677

LOCATION NC 115 N, TL MTN. VIEW RD, TL BROOKHAVEN RD, ~ 0.5 MILE ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.146 AC SITE CLASS. P31 DESIGN FLOW 240 L.T.A.R. 0.33 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 3-8-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

No. Lines THREE Trench Width 36" Max Trench Bottom Depth 30"

☑ 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

Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 2

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

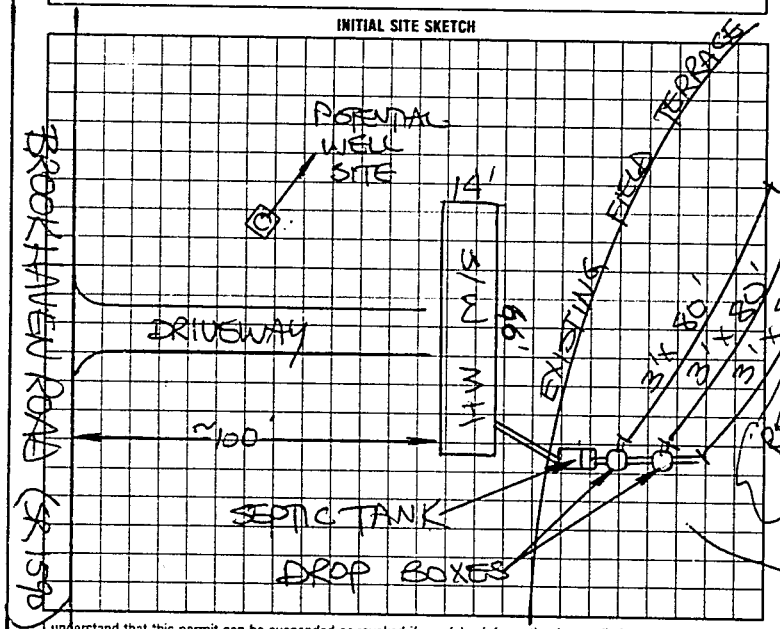
☐ Other _____

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

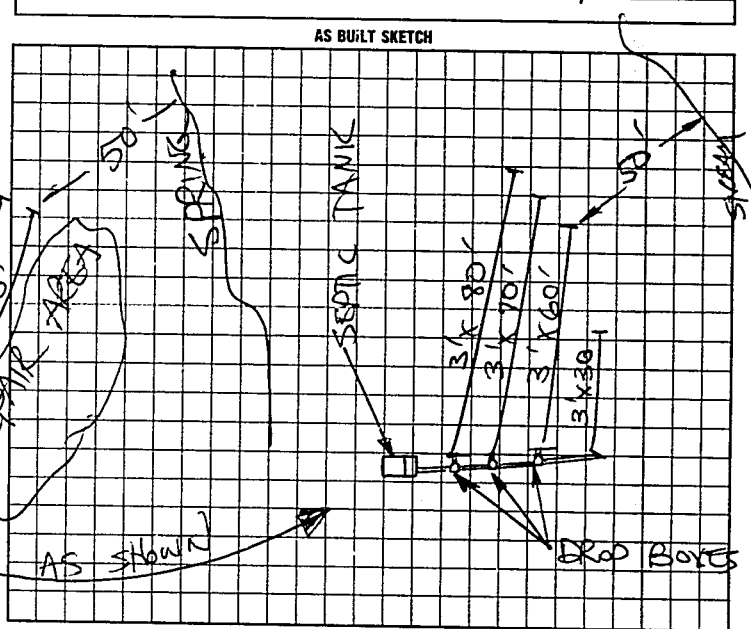
Comments: KEEP SYSTEM MINIMUM 100' FROM WELL SITE

Comments: SIZED FOR 2 BR ONLY

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 ISSUE.

Signed: + Wayne Lutton

Improvement Permit by: STEVE HEDRICK date 4-7-97

AUTH. TO CONST. Existing System Inspection by: STEVE HEDRICK date 4-7-97

Installed by: ANDY DANIELS

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

Operation Permit by: STEVE HEDRICK date _____

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

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