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. 18243 DATE 4/12/94 TAX MAP NO. 15C-A-27

OWNER OR CONTRACTOR JOHN W. GRYDER Watershed: ☐ Yes ☒ No

ADDRESS RT-4 BOX 324-B, STVL, NC 28677 PHONE: Business _____ Home 876-4760

LOCATION NC 115 N, TL BROOKHAVEN RD, TR OTTARE FARM LANE, 2ND MH ON (L)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~4.22 AC SITE CLASS. P3 DESIGN FLOW 240 L.T.A.R. 0.35 GAD/FT²

Septic Tank: 1000 Gallons; STB 854 Date 2/29/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 690 Linear Feet 230

No Lines 2 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: CONVENTIONAL GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

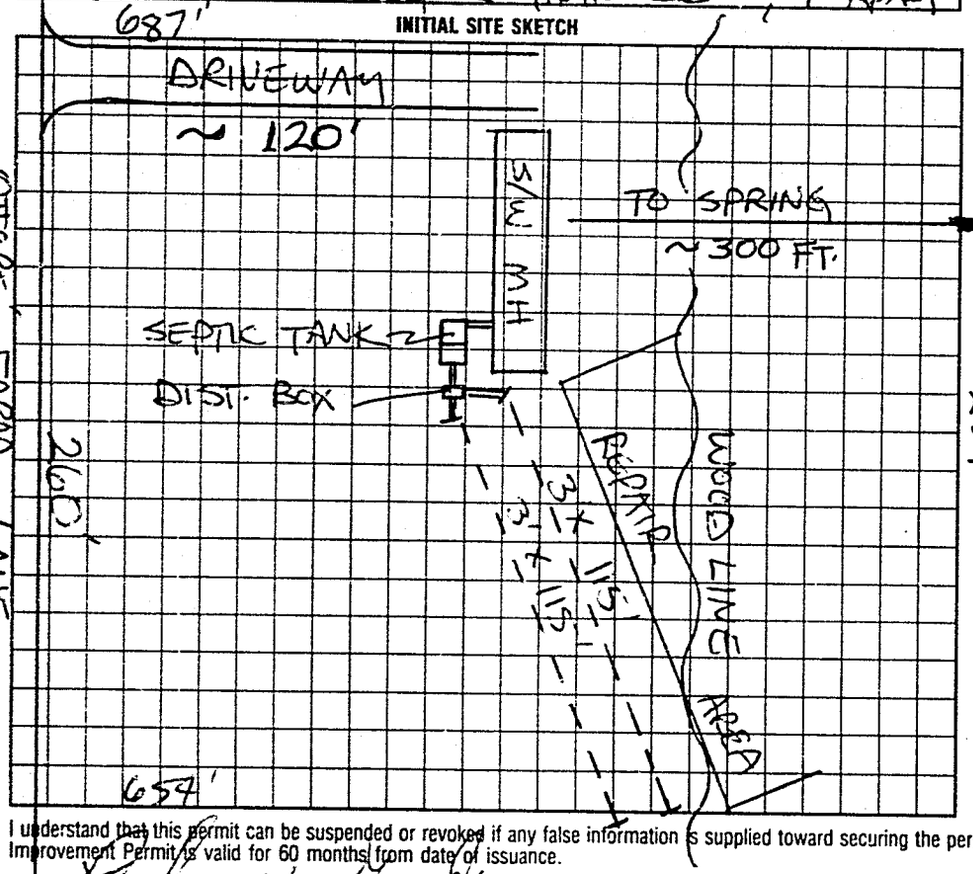
No. Bedrooms 2 No. Bathrooms 1 No. Employees _____

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

Water Supply: ☒ Individual ☐ Community ☐ Public SPRING

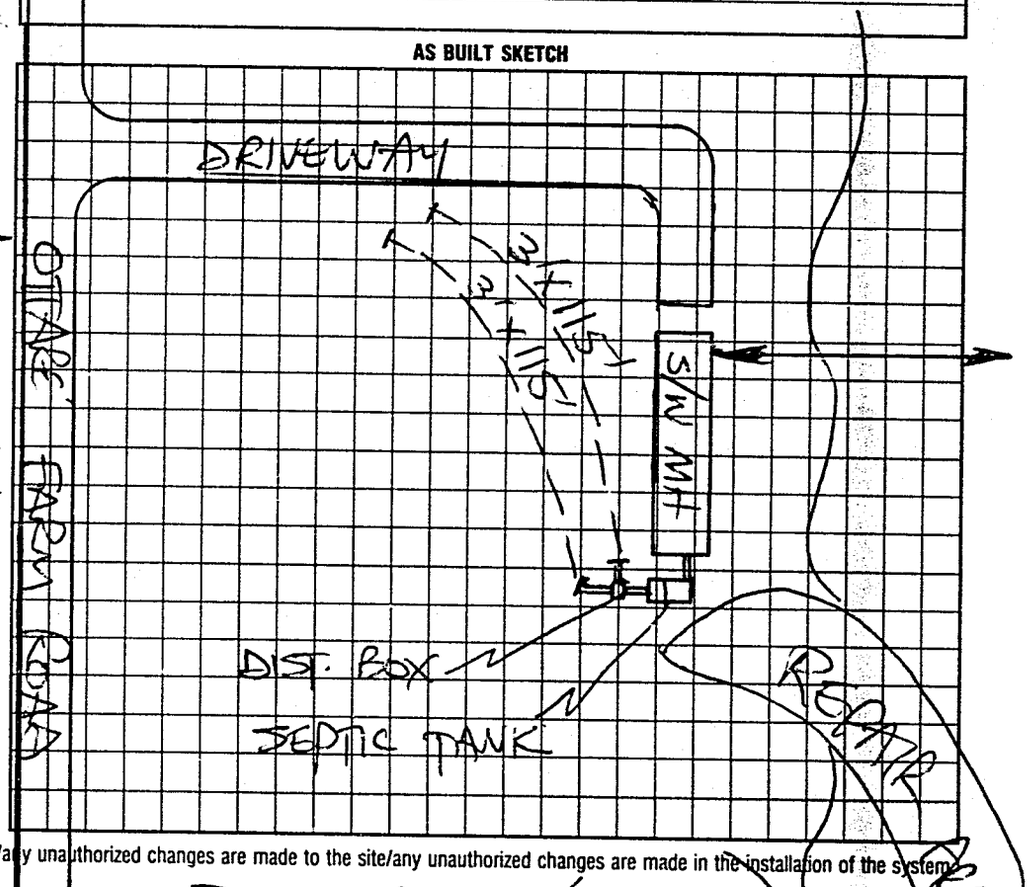
Comments: (1) KEEP SYSTEM MINIMUM 5' FROM MH, 10' FROM PROPERTY LINE, 100' FROM SPRING. (2) INSTALL LINES FOLLOWING CONTOUR OF GROUND SURFACE, NO DEEPER THAN 36", 9' APART

INITIAL SITE SKETCH



Comments:

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.

Signed: John W. Gryder

Improvement Permit by: STEVE HEDRICK date 4/12/94

Existing System Inspection by: _____ date _____

Installed by: DON GRIT (WILKES Co.)

Certificate of Completion by: STEVE HEDRICK date 4/21/94

Operation Permit by: _____ date _____

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