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. 065972 DATE 5-7-97 TAX MAP NO. 48302527 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR BRENT L. MILLSAPS PHONE: Business Home (704) 876-0196

ADDRESS 759 N. CHIPLEY FORD, STATESVILLE, NC 28677

LOCATION NC 115 N, TR DOBSON ROAD, R. N. CHIPLEY FORD, CROSS PATTERSON CREEK, PAST

SUBDIVISION BLOCK / SECTION LOT LOT AREA 7.97 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.40 GPD/FT2

Septic Tank: 1000 Gallons; STB 102 Date 4-14-99

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth #2"

☑ 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 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

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

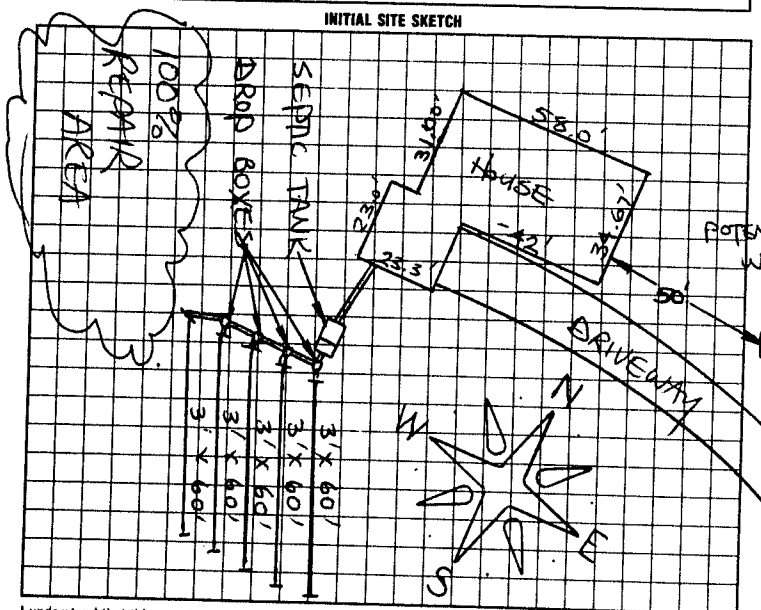
Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Comments: KEEP SYSTEM MINIMUM 100' FROM WELL

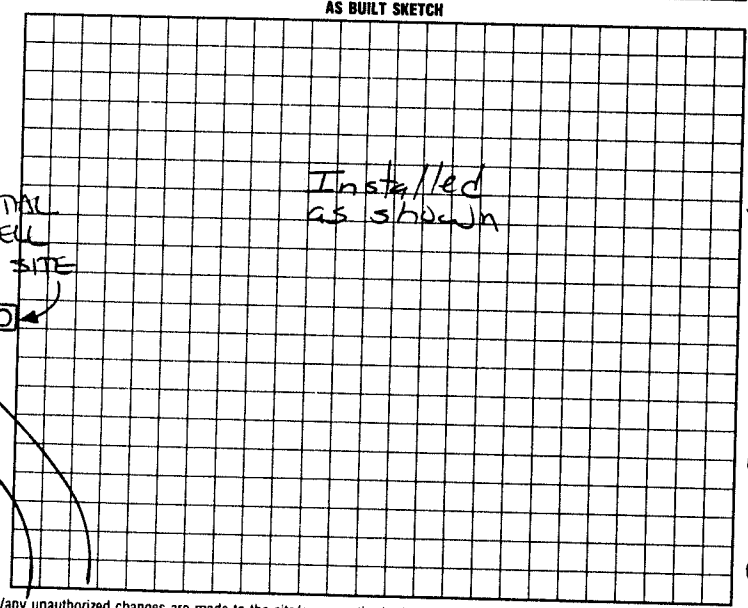
Comments: Note: Tank ~ 40ft from Corner of garage Tank Turned 90°

2ND BRICK HOUSE ON LEFT, BACK OFF ROAD ~ 300'

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 FOR CONSTRUCTION IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE.

Signed: [signature]

Improvement Permit by: STEVE HEDRICK date 5-7-97

AUTH. TO CONST

~~Existing System Inspection~~ by: STEVE HEDRICK date 5-7-97

Installed by: C & W Sept. Inc

~~Certificate of Completion by:~~ date

Operation Permit by: Mark Cox date 6-3-99

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