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. 25501 73268 DATE 11-18-96 TAX MAP NO. 16G-A-113 Watershed [V] PA [V] No

OWNER OR CONTRACTOR DONNIE SEIPEL PHONE: Business Home (704) 875-0105

ADDRESS 8117 McILWAINE ROAD HUNTERSVILLE NC 28078

LOCATION US 21N, TL JENNINGS, TL EUPHONIC SPRINGS, 300 FEET ON LEFT BEFORE TRUMPET BRANCH ROAD

SUBDIVISION BLOCK / SECTION LOT LOT AREA 10 ACRES SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.33 GPD/FT²

Septic Tank: 1000 Gallons; STB 354 Date 12-27-98
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No. Fields 1 Square Feet 1440 Linear Feet 480
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[V] New System [ ] Repair System Type: I. II. III. IV. V. VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: [ ] Yes [V] No
[ ] Slab [ ] Crawl Space [ ] Basement w/plumbing [V] Basement wo/plumbing

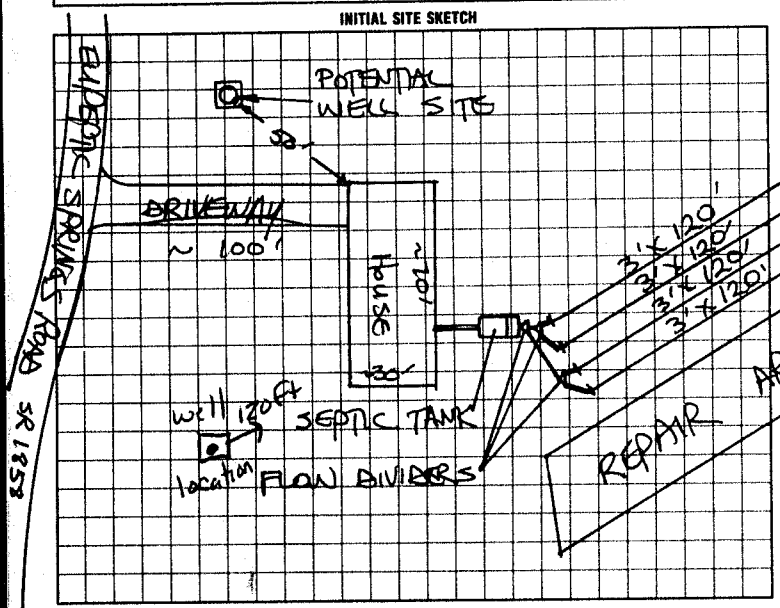
[V] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees
[ ] Other

Water Supply: [V] Individual [ ] Community [ ] Public WELL

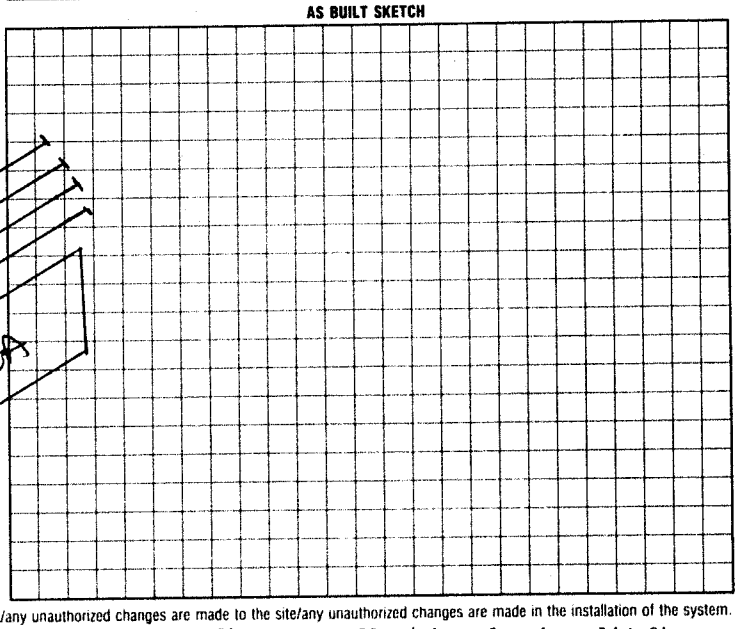
Comments: ① USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO FOUR LINES. ② KEEP SYSTEM MINIMUM 100' FROM WELL

Comments:
* Well is ~120Ft from system
* Tank turned 90°

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.

Auth. to Const. is valid for a period equal to the validity of the IP not to exceed five years. IP w/site plan is valid five years.

Signed:

Improvement Permit by: STEVE HEDACK date 11-18-96
Authorization to Construct
Existing System Inspection by: STEVE HEDACK date 11-18-96
XXXXXXXXXXXXXXXX

Installed by: David Umbarger
Certificate of Completion by: date
Operation Permit by: Mary COJ RS date 3-2-99

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