IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 52407

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 19185 DATE 7/18/94 TAX MAP NO. 166-2-A-1 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR MILLARD TATE HIOTT, JR PHONE: Business _____ Home 872-0986

ADDRESS RT-17, BOX 163 STVL, NC 28677

LOCATION US 21 N, TL JENNINGS RD, TL EUPEPTIC SPRINGS RD, 1.0 MILE ON (L)

SUBDIVISION CHIREY FORD DAIRY BLOCK / SECTION _____ LOT 1 LOT AREA 10 ACRES SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons: STB 1012 Date 12/16/94
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No. Lines 4 Square Feet 1380 Linear Feet 460
Trench Width 36" Max. Trench Bottom Depth 18-36" Gravel Depth 12"

☑ New System ☐ Repair System Type I (II, IV, V, VI)
System Description: CONV. GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 4 No. Employees _____

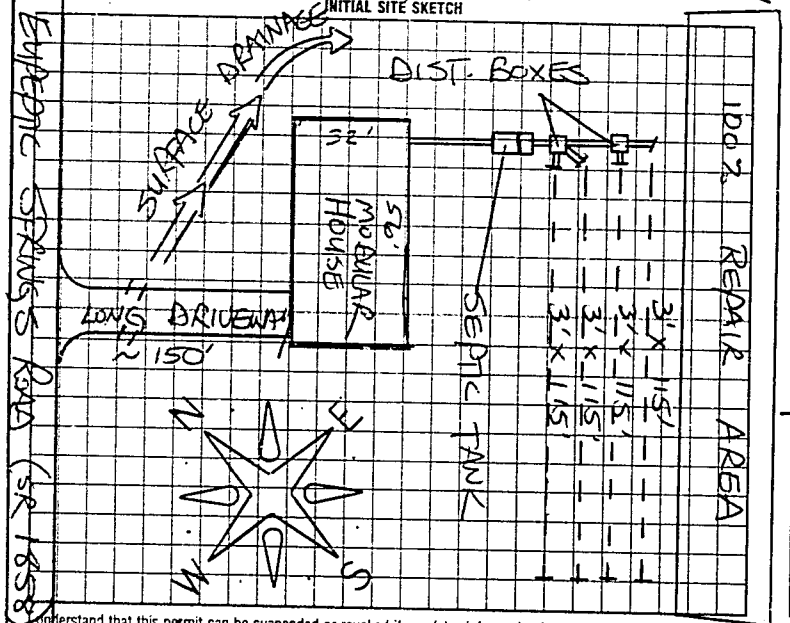
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public WELL

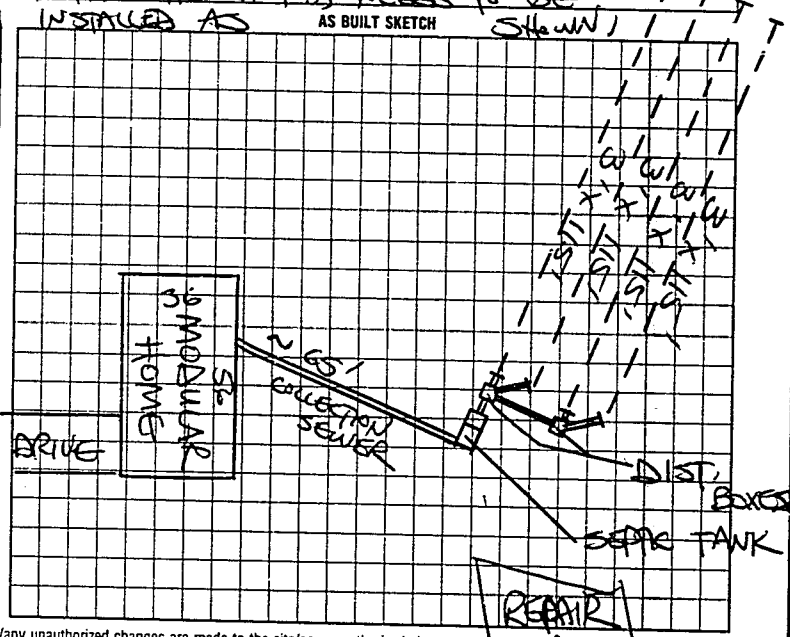
Comments: ① KEEP SYSTEM MINIMUM 15' FROM BASEMENT, 10' FROM PROPERTY LINE, 100' FROM WELL SITE ② INSTALL LINES ON CONTOUR. NO DEEPER THAN 36", 9' APART ON CENTER

Comments: ① GUTER DOWNSPOUT DRAINS NEED TO BE PIPED AWAY FROM SYSTEM. ② SURFACE DIVERSION DITCH (SHOWN ON INITIAL SITE SKETCH) NEEDS TO BE INSTALLED AS SHOWN

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.

Signed: X _____

Improvement Permit by: STEVE HEDRICK date 7/18/94

Existing System Inspection by: _____ date _____

Installed by: JOHN MENSCER

Certificate of Completion by: STEVE HEDRICK date 3/28/95

Operation Permit by: _____ 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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