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. 20703 DATE 4/4/95 TAX MAP NO. 169-A-118 (PT) Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR JACK L. CREASY PHONE: Business 872-2411 Home 539-5258

ADDRESS 3261 JENNINGS ROAD, OLIN NC 28660

LOCATION US 21 N, TL JENNINGS ROAD, CROSS ROCKY CREEK, 1ST DRIVE ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~5 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 3/9/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3 Trench Width 36" Max Trench Bottom Depth 18-36" 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 No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

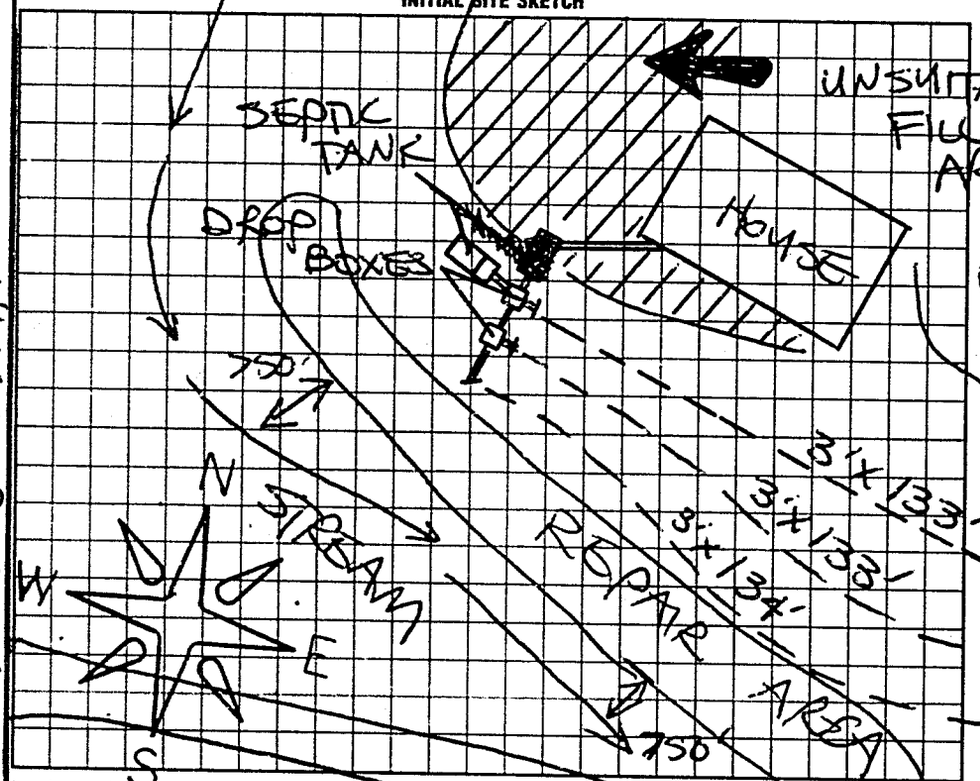
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: (1) KEEP SYSTEM OUT OF FILL MATERIAL, MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE, 10' FROM WATER LINE, 50' FROM STREAM (2) INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' APART MIN O.C.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH

JENNINGS ROAD (SR 1892)

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: Jack Creasy

Improvement Permit by: STEVE HEDRICK date 4/4/95

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HEDRICK date 5/8/95

Existing System Inspection by: _____ date _____

Operation Permit by: _____ date _____

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