I[illegible]ELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 067993 DATE 7-21-97 TAX MAP NO. 4850226136 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR JOHN & KAREN WAGNER PHONE: Business ______ Home 876-1653

ADDRESS 302 TREEBARK ROAD, STATESVILLE, NC 28677

LOCATION US 21 N, TL JENNINGS RD, TR OLIN ROAD (SOUTH) 500' ON LEFT PAST JOSEY ROAD

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 1C 12 Date 10-21-97
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FOUR 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: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

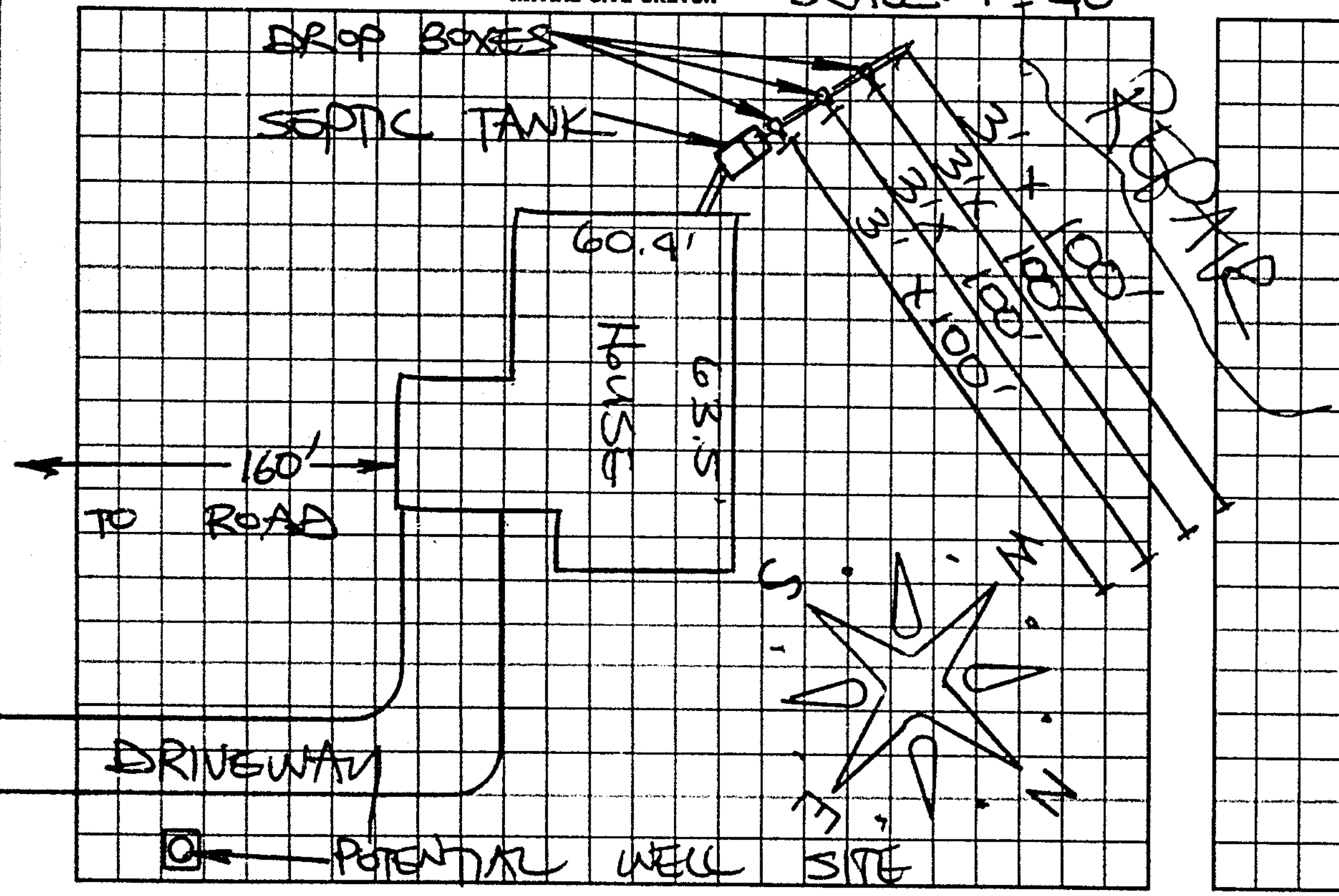
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ______
☐ Other ______

Water Supply: ☒ Individual ☐ Community ☐ Public
WELL

Comments: KEEP SYSTEM MINIMUM 100' FROM WELL

Comments:

INITIAL SITE SKETCH SCALE: 1" = 40'



AS BUILT SKETCH

Installed as shown

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 TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.

Signed: [signature]

Installed by: David Yountz

Improvement Permit by: STEVE HEDRICK date 7-21-97

~~Certificate of Completion~~ by: ______ date ______

AUTH. TO CONST. ~~Existing System Inspection~~ by: STEVE HEDRICK date 7-21-97

Operation Permit by: [signature] RS date 2-9-98

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