IREDELL [illegible] HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 25660 DATE 12-18-96 TAX MAP NO. 16A-1-A-22 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR MICHAEL COLEMAN PHONE: Business Home 838-1951

ADDRESS 1413 N. CENTER ST. STATESVILLE, NC 28677

LOCATION US 21 N, TL TABOR ROAD, TL SPEAKS ROAD, 2ND LOT ON RIGHT PAST HAYSTACK LANE.

SUBDIVISION HOLLY-BOB FARMS BLOCK / SECTION LOT 22 LOT AREA 0.85 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT2

Septic Tank: 1000 Gallons; STB 1012 Date 2-13-97

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"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONVENTIONAL PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees

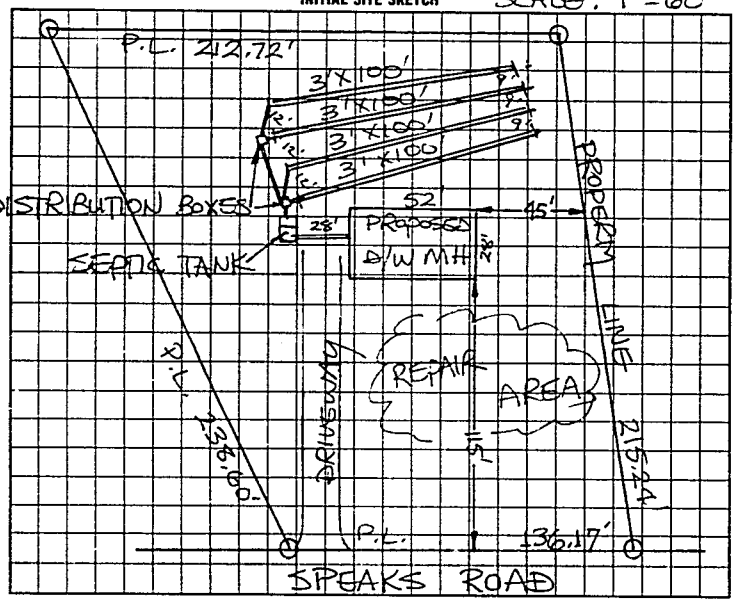
☐ Other

Water Supply: ☐ Individual ☐ Community ☑ Public

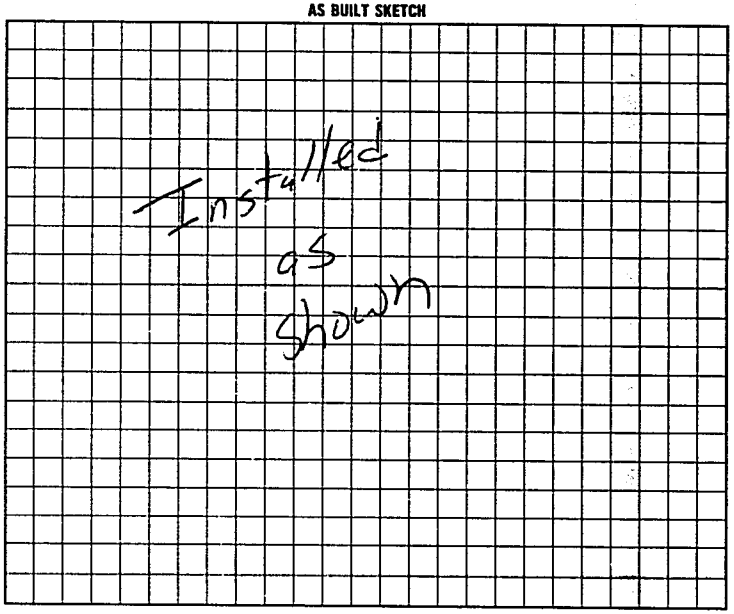
Comments: ① KEEP SYSTEM MINIMUM 10' FROM PROPERTY LINE, 15' FROM FUTURE POOL SITE. ② INSTALL LINES ON CONTOUR NO DEEPER THAN 36", 9' MINIMUM APART ON CENTERS.

Comments:

INITIAL SITE SKETCH SCALE: 1"=60'



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. AUTH. TO CONST. IS VALID FOR 60 MONTHS.

Signed [signature]

Improvement Permit by: STEVE HEDRICK date 12-18-96

AUTH. TO CONST.

Existing System Inspected by: STEVE HEDRICK date 12-18-96

Installed by: Kenny Madison

Certificate of Completion by: date

Operation Permit by [signature] date 4-21-97

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