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. 2128S DATE 6/5/95 TAX MAP NO. 16J-1-A-3 Watershed: ☐Yes ☑No ~~WS-III~~ Bow

OWNER OR CONTRACTOR WILLIAM I. HALLIBURTON PHONE: Business 878-3406 Home 871-8515

ADDRESS 1860 SIMONTON DRIVE, #G STATESVILLE NC 28677

LOCATION I-77N, TR NC901, TL WINTHROP CH, TL CRATER, TR CARTWRIGHT, TL TRIVETTE, TR CORNWALL

SUBDIVISION R.C. KINDER BLOCK / SECTION ___ LOT 3 LOT AREA 1.7 AC SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 0.33 GPD/FT²

Septic Tank: 1000 Gallons; STB 620 Date 4-20-95

Pump Tank: ___ Gallons; PT ___ Date ___

Pump Make: ___ Model ___ Serial No. ___

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

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: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ ~~No~~

☐ House/Mod. Home No. Bedrooms 2

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ___

☐ Other ___

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

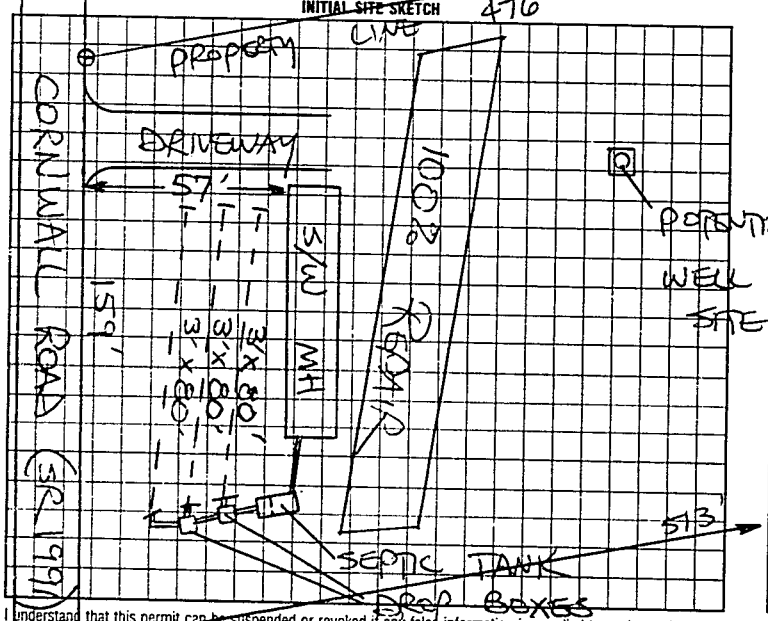
Water Supply: ☑ Individual ☐ Community ☐ Public WELL

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

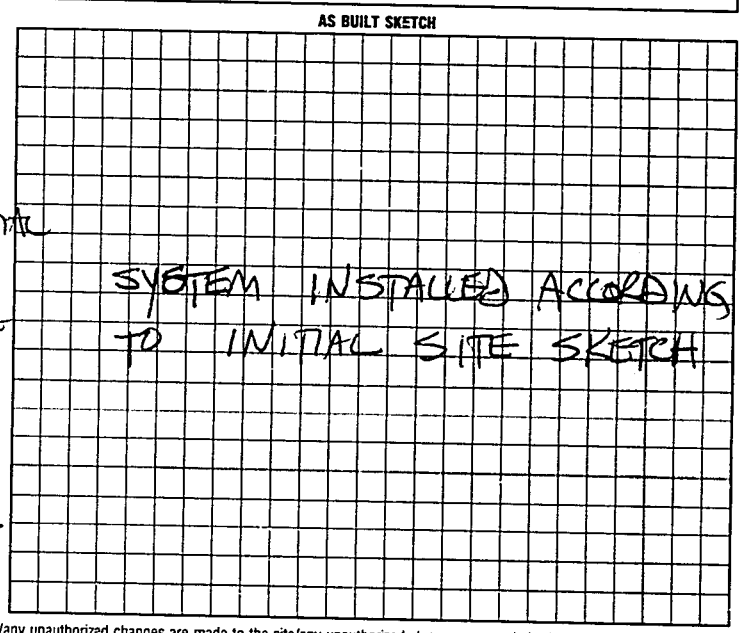
Comments:

TL LOT ON LEFT.

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: William I. Halliburton

Improvement Permit by: STEVE HEDRICK date 6/5/95

Existing System Inspection by: ___ date ___

Installed by: TOMMY NIXON

Certificate of Completion by: STEVE HEDRICK date 6-28-95

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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