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. 17444 DATE 11/16/93 TAX MAP NO. 12N-6-A-15

OWNER OR CONTRACTOR ERNIE RUNGE PHONE: Business _____ Home 872-6645

ADDRESS RT 3 BOX A234, STATESVILLE, NC 28677 Watershed: ☐ Yes ☒ No

LOCATION US 21N TO TOMLIN ROAD, TL HICKORY GROVE RD, TR WINDMILL COURT, LOT #15 ON (L)

SUBDIVISION DUTCHMAN CREEK BLOCK / SECTION _____ LOT 15 LOT AREA 1 ACRE SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons: STB 358 Date 10/19/93

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

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 _____

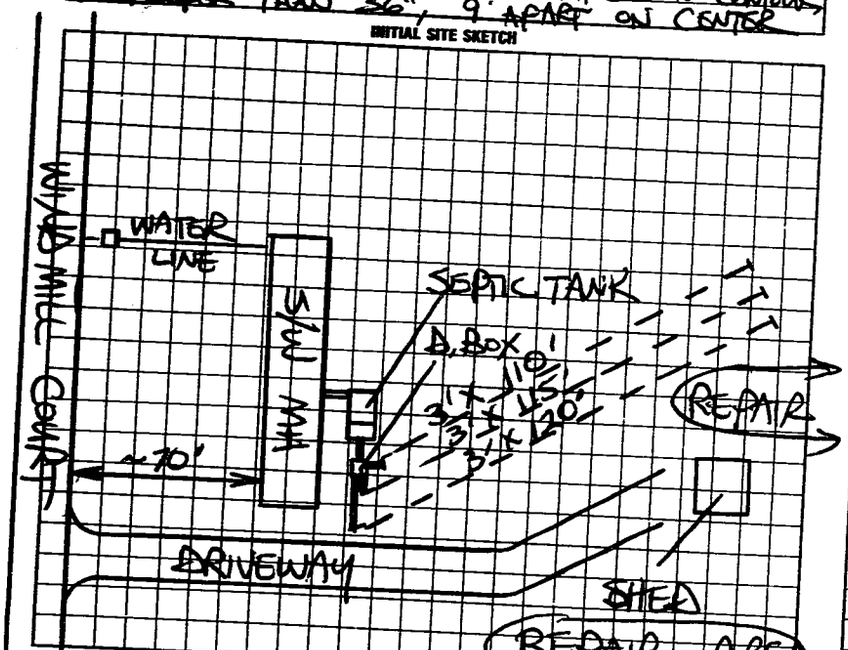
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☒ Public

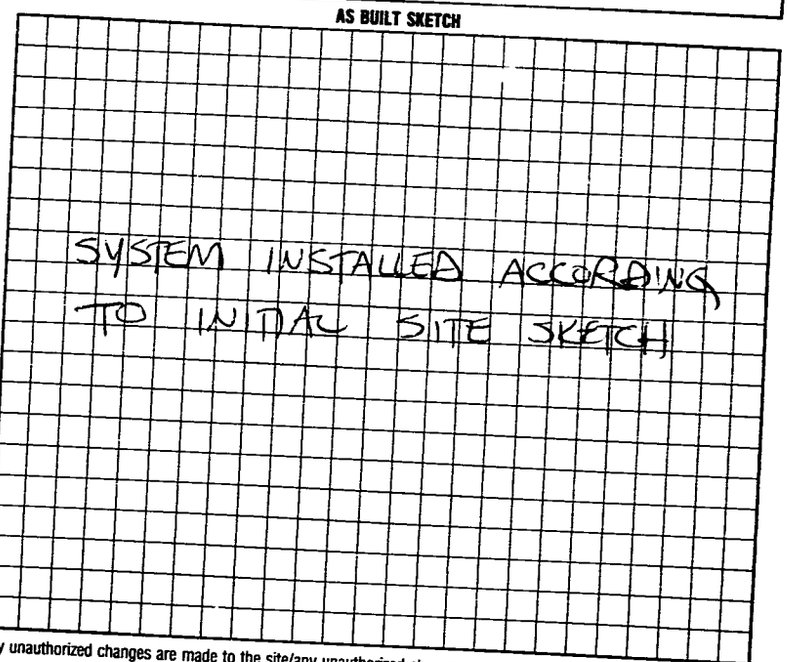
Comments: (1) KEEP SYSTEM MINIMUM 5' FROM MH, 10' FROM PROPERTY LINE, AWAY FROM AREAS SUBJECT TO VEHICULAR TRAFFIC (2) INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' APART ON CENTER

Comments:

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 11/16/93

Existing System Inspection by: _____ date _____

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HEDRICK date 11/22/93

Operation Permit by: _____ date _____

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