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. 26182 DATE 3-31-97 TAX MAP NO. 4870 88 7313 Watershed ☐ Yes ☑ No

OWNER OR CONTRACTOR FANNIE C. LOVE PHONE: Business Home 873-0772

ADDRESS 2133 OLD MOUNTAIN ROAD STATESVILLE, NC 28677

LOCATION US 21 J, TR TOMLINSON AVE, TR REDMOND RD, TR PEPPERTREE DRIVE, 4TH LOT ON LEFT

SUBDIVISION SAGEFIELDS BLOCK / SECTION II LOT 49 LOT AREA 0.762 ACRE SITE CLASS. B5 DESIGN FLOW 240' L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 3-19-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make. _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270

No Lines THREE Trench Width 36" Max Trench Bottom Depth (24") Gravel Depth 12"

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

System Description: CONVENTIONAL 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 _____

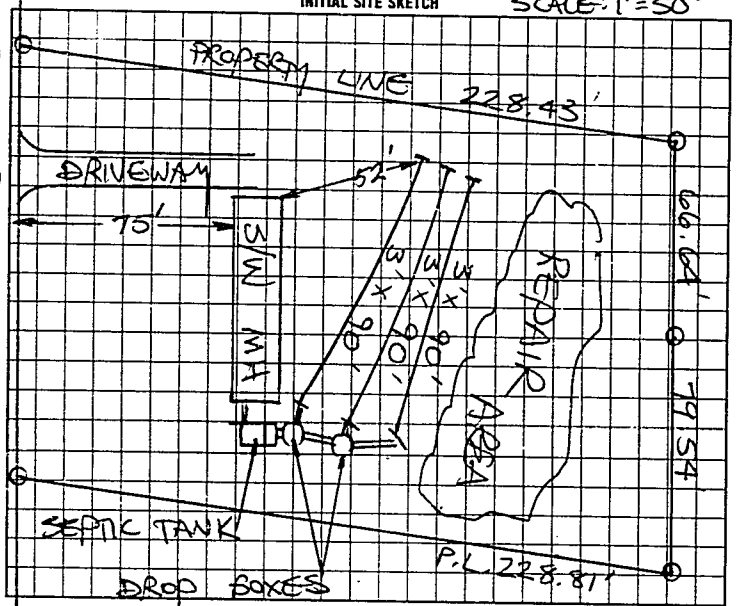
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: INSTALL LINES AS FLAGGED & SHOWN BELOW, ON CONTOUR, NO DEEPER THAN 24"

Comments:

INITIAL SITE SKETCH SCALE: 1"=50'



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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 FROM DATE OF ISSUANCE.

Signed: Steven C. Levi

Improvement Permit by: STEVE HEDRICK date 3/31/97

AUTH. TO CONST.

Existing System Inspection by: STEVE HEDRICK date 3/31/97

Installed by: RICK SHOOK

~~Certificate of Completion by:~~ _____ date _____

Operation Permit by: STEVE HEDRICK date 5-14-97

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