IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS PERMITS ISSUED 3/21/94 #5717/15 AND 5/9/94

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

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

PROPERTY DESCRIPTION NO. 17396 DATE 8-13-96 TAX MAP NO. 17K-A-3 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR SISTERS OF MERCY OF N C PHONE: Business 539-5449 Home 539-5448

ADDRESS 430 N. MAIN ST., BELMONT, NC 28012

LOCATION US 21 N, TL HUNTING CREEK RD, TR DASH RD, TR MERCY LANE, HOUSES AT END

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 109.61 ACRES SITE CLASS. PS1 DESIGN FLOW 1680 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 3000 Gallons; STB 647 Date 5-29-96

Pump Tank: 3000 Gallons; PT 97 Date 6-21-96

Pump Make: ZOELLER Model E188-D Serial No. 188-0009

Nitrification Field: No Fields 1 Square Feet 4800 Linear Feet 1200+

No Lines ELEVEN Trench Width 36" Max Trench Bottom Depth 24-30" Gravel Depth N/A

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

System Description: CHAMBERED, PUMP-FED

Repair System Description: CHAMBERED, PUMP-FED

Maintenance Agreement Required: ☐ Yes ☒ No

3 House/Mod. Home No. Bedrooms 14

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other 3 HOUSES

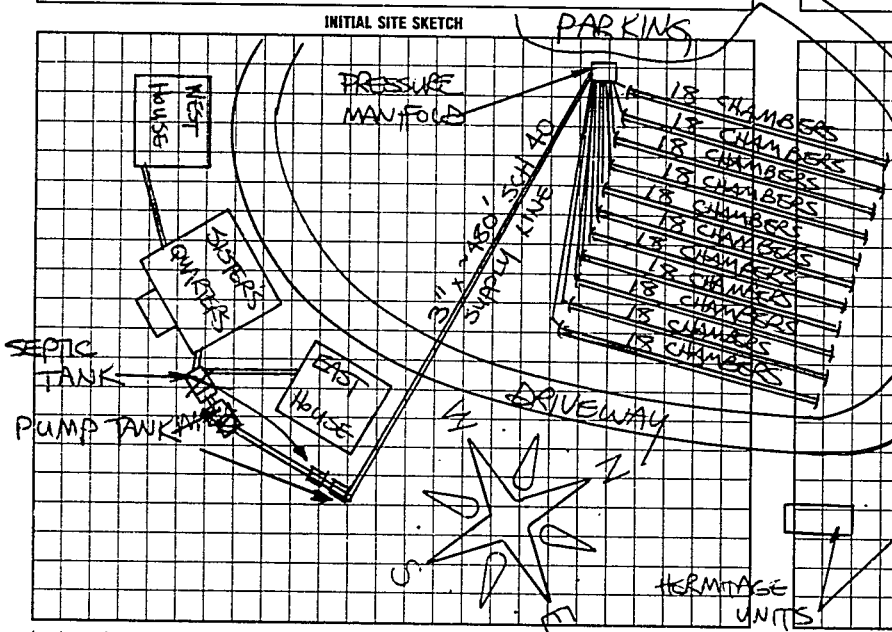
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public WELL

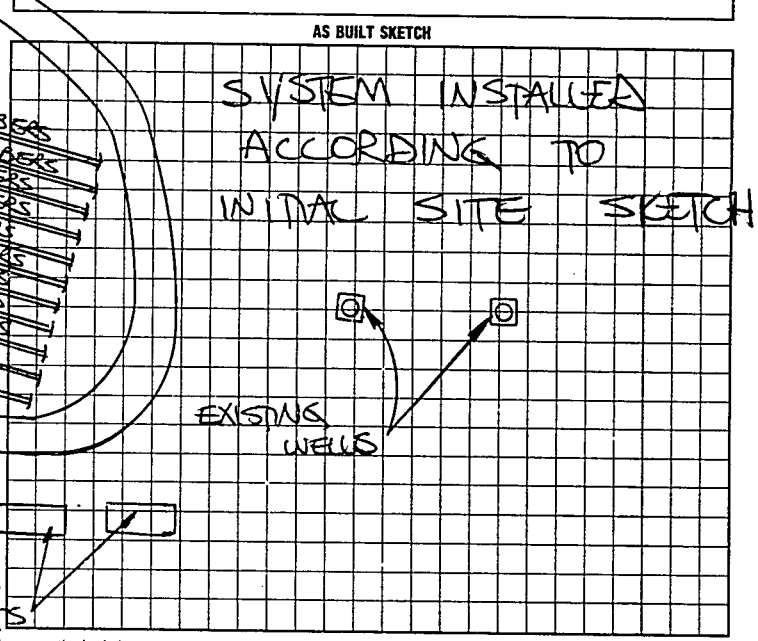
Comments: ① INSTALL 198 CHAMBERS IN ELEVEN EQUAL LENGTH LINES AS SHOWN AND FLAGGED ② SEE ATTACHED SHEETS FOR PUMP AND PRESSURE MANIFOLD REQUIREMENTS.

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.

AUTH. TO CONST. IS VALID FOR FIVE (5) YEARS FROM DATE OF ISSUANCE. IMPROVEMENT PERMIT WITH SITE PLAN IS VALID FIVE YEARS.

Signed: Donna M. Vaillancourt, REHS Installed by: DAVID YOUNTZ

Improvement Permit by: STEVE HENDRICK date 8-13-96

AUTH. TO CONST. ~~Existing System Inspection~~ by: STEVE HENDRICK date 8-13-96

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

Operation Permit by: STEVE HENDRICK date 2-11-97

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

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