IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 55759

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

PROPERTY DESCRIPTION NO. 20560 DATE 3/16/95 TAX MAP NO. 12L-1-A-17 Watershed: ☐ Yes ☑ No (WS-IV BW)

OWNER OR CONTRACTOR TRACY D BROWN, III PHONE: Business _____ Home 838-0833

ADDRESS 615 RONDA DR STVL NC 28677

LOCATION US 21 N TR NC-901, TL GUILFORD, TL FOX HUNTER LOT ON ~~RIGHT~~ LEFT ~ 0.5 MILE

SUBDIVISION GRAY FOX RIDGE BLOCK / SECTION _____ LOT 17 LOT AREA ~11 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.33 GPD/FT²

Septic Tank: 1000 Gallons; STB 760 Date 7-2-95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1020 Linear Feet 360

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: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees _____

☐ Other _____

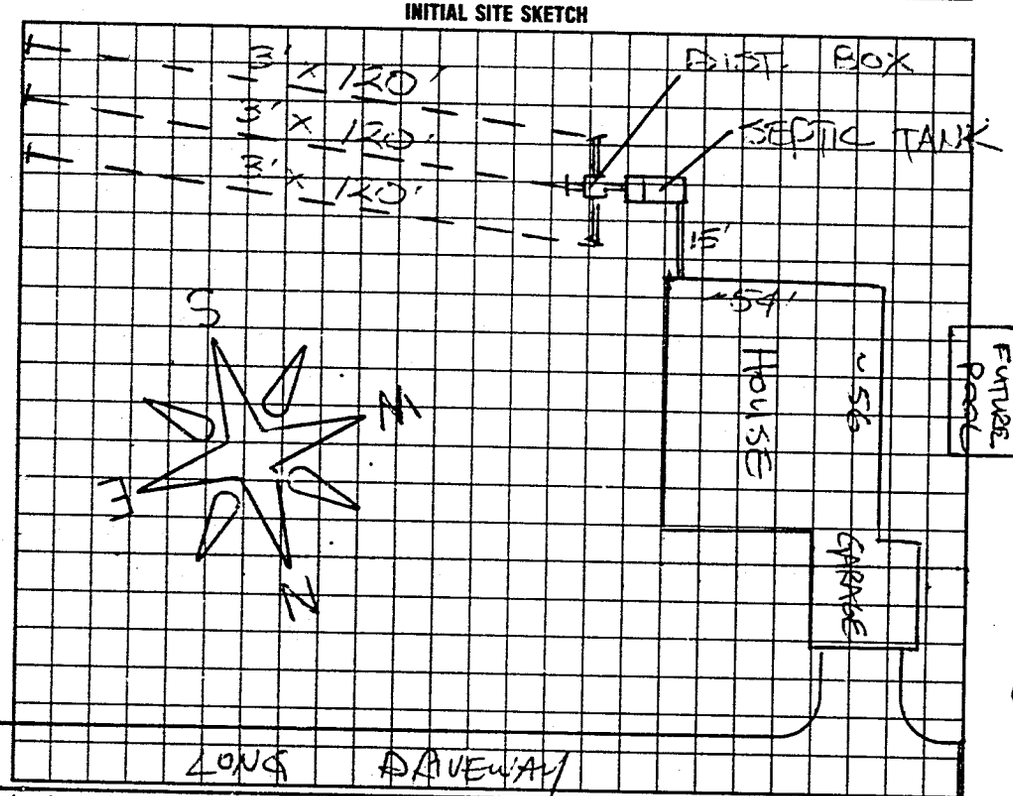
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

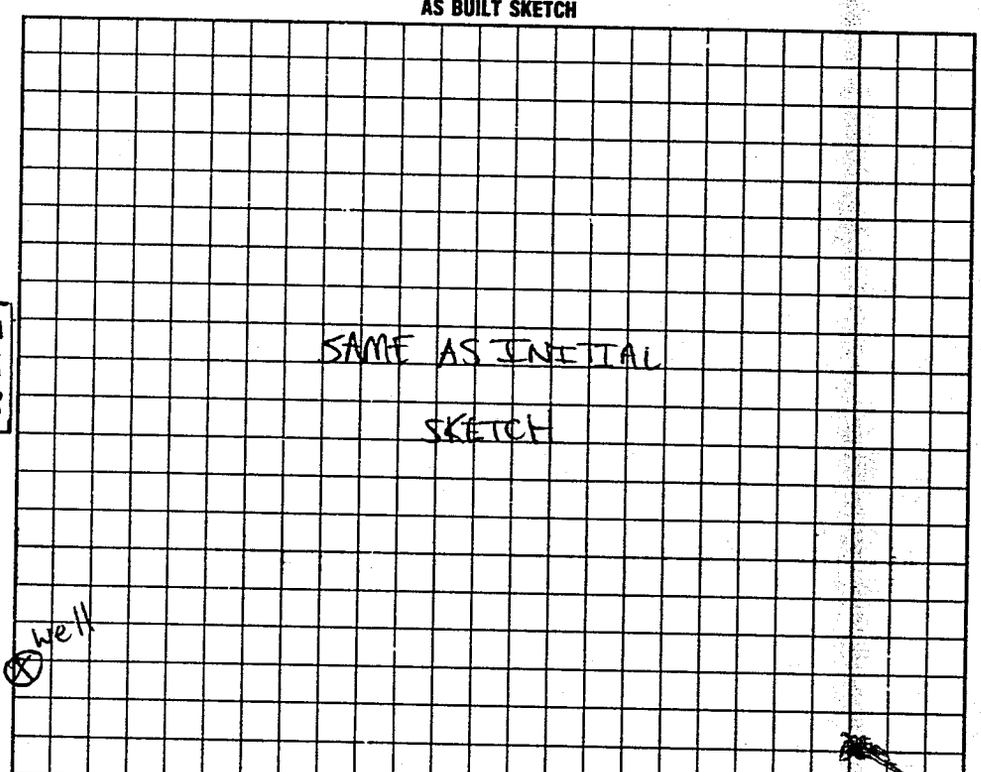
Comments: ① KEEP SYSTEM MINIMUM 15' FROM HOUSE, 10' FROM PROPERTY LINE, 100' FROM WELL ② INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' MINIMUM APART ON CENTERS.

Comments: Well located at time of inspection. It is 100'± to any part of septic system.

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: Tracy Dean Brown

Improvement Permit by: STEVE HENDRICK date 3/16/95

Existing System Inspection by: _____ date _____

Installed by: Randy Miller

Certificate of Completion by: Michael G. Dennis date 9-28-95

Operation Permit by: _____ date _____

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

S 1 0 5 0 0