IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 7-29-97

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

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

PROPERTY DESCRIPTION NO. 068396 DATE 10-6-97 TAX MAP NO. 4893 11 8666

OWNER OR CONTRACTOR IRENE COUCH PHONE: Business _____ Home (910) 468-2139 Watershed: ☐ Yes ☑ No

ADDRESS 1005 QUEEN DRIVE HAMPTONVILLE NC 27020

LOCATION US 21 N, TR HOUSTONVILLE ROAD, TR SANDY SPRINGS ROAD, TL 1ST DRIVE, OFF ROAD ~ 500'

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.622 ACRES SITE CLASS. PS1 DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 760 Date 7-28-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines THREE Trench Width 36" Max Trench Bottom Depth 36"

☑ 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

Gravel Depth 12"

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

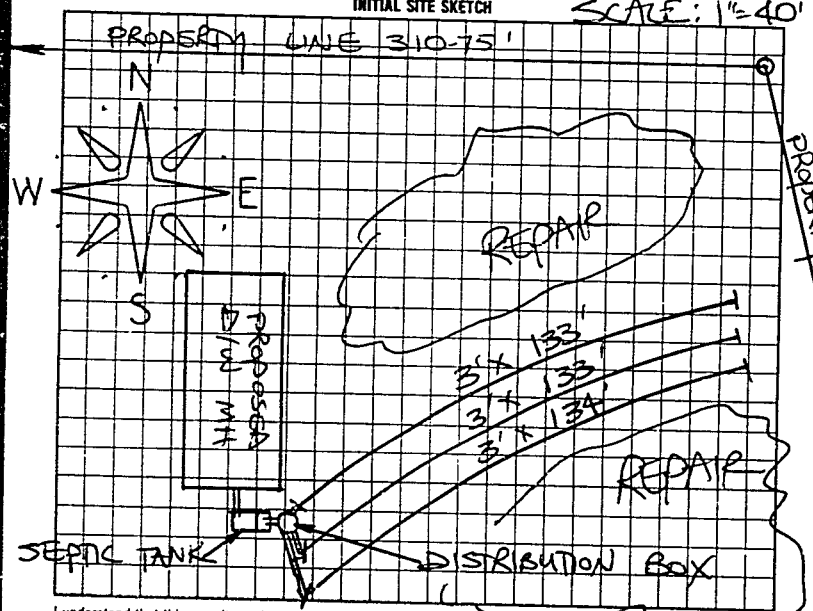
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

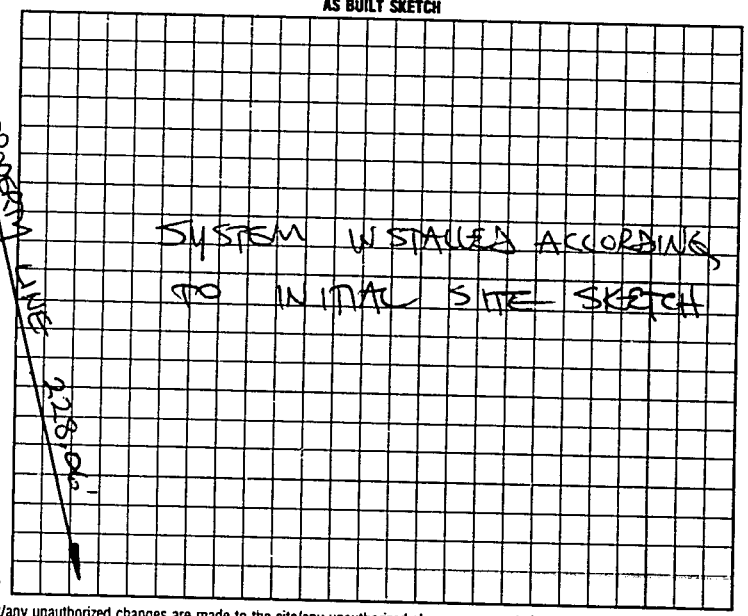
Comments: ① KEEP SYSTEM MINIMUM 100' FROM WELL ② THIS PERMIT VOIDS PREVIOUS ISSUED 7-29-97

Comments:

INITIAL SITE SKETCH SCALE: 1"=40'



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. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE.

Signed: Irene Couch

Improvement Permit by: STEVE HEDRICK date 10-6-97

AUTH. TO CONST

~~Existing System Inspection by:~~ STEVE HEDRICK date 10-6-97

Installed by: SHERMAN DUNN

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

Operation Permit by: STEVE HEDRICK date 10-23-97

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