49458

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. 17369 DATE 11-16-93 TAX MAP NO. 9J-B-55 (pt. of.) Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Warner F. Moore Jr. (owner Annie Laura Grou[illegible]) PHONE: Business _____ Home 585-6657

ADDRESS Rt. 1 Box 307 Stony Point, N.C. 28678

LOCATION T40W TR Hwy 90 TL 2nd entrance Lacky Farm Rd. 2nd house on R past Temple Baptist Church. (just past 2nd house)

SUBDIVISION NA BLOCK / SECTION _____ LOT _____ LOT AREA ≈ 100 acres SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 Gallons: STB — Date —
Pump Tank: — Gallons: PT — Date —
Pump Make: — Model — Serial No. —
Mlrification Field: No Fields 1 Square Feet 1035 Linear Feet 345
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I. II III. IV. V. VI
System Description: conventional, gravity
Repair System Description: " "
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

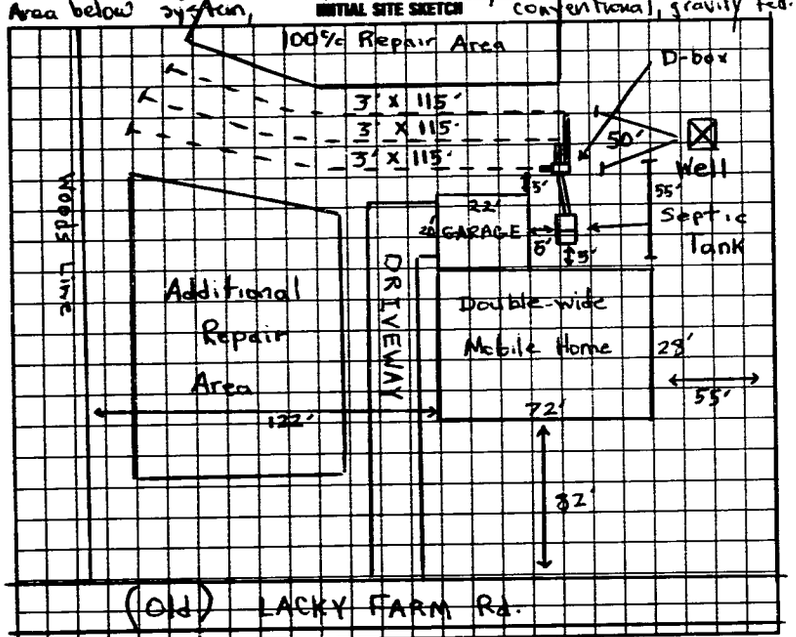
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

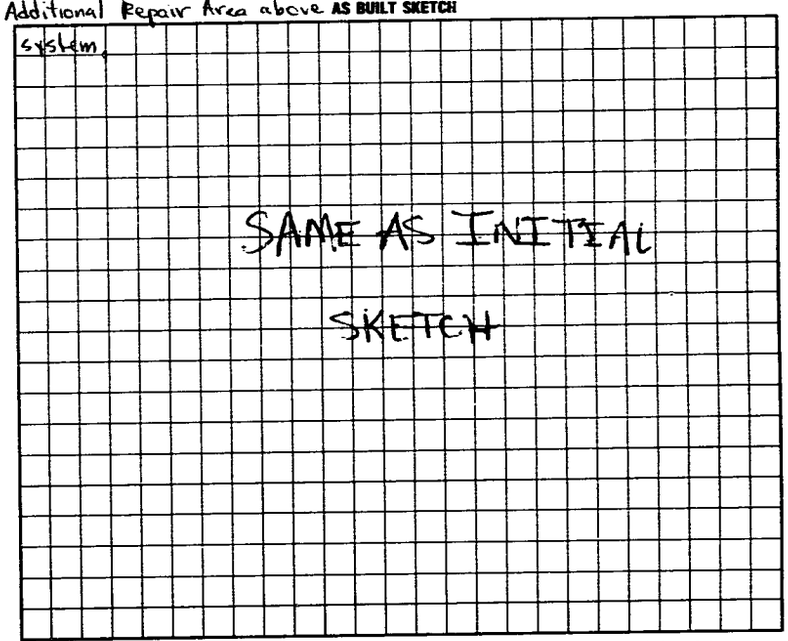
Comments: INSTALL SYSTEM AS SHALLOW AS Possible. Keep lines as close to contour as possible. Lines run thru low area in middle. Keep lines 5' from foundation of home, 50 min. from well, and 10' from all property lines. 100% Repair Area below system, conventional, gravity fed.

Comments: Home not located at time of inspection (not set). Keep Home min 5' from any part of septic system. Keep water line min 10' from any part of septic system. Additional Repair Area above 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: Warner F. Moore Jr.

Improvement Permit by: Michael J. Dennis date 11-16-93

Existing System Inspection by: _____ date _____

Installed by: Donald Lackey

Certificate of Completion by: Michael J. Dennis 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