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. 1850 DATE Oct. 20 '94 TAX MAP NO. ~~2433A356~~ & 4616984027 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR ~~Richard A Jasinski~~ DAVE WICKERSHAM PHONE: Business _____ Home 664-7715 LN

ADDRESS 54 Ringneck Trail, Mooresville

LOCATION NOO HR 1115 HR 2nd Lakeview Dr. ~1/4 mile on left

SUBDIVISION Crescent LN BLOCK / SECTION 8 LOT 162 LOT AREA 1.64 Ac SITE CLASS PS on 1956 DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB ~~Hallman~~ Date 3-2-95

Pump Tank: 1000 Gallons; PT ~~Hallman~~ Date 3-7-95

Pump Make: Liberty Model LE50 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1620 Linear Feet 540

No Lines 6 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 pressure manifold

Repair System Description: LL PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No (initial only)

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3½

☐ Business No. Employees _____

☐ Other _____

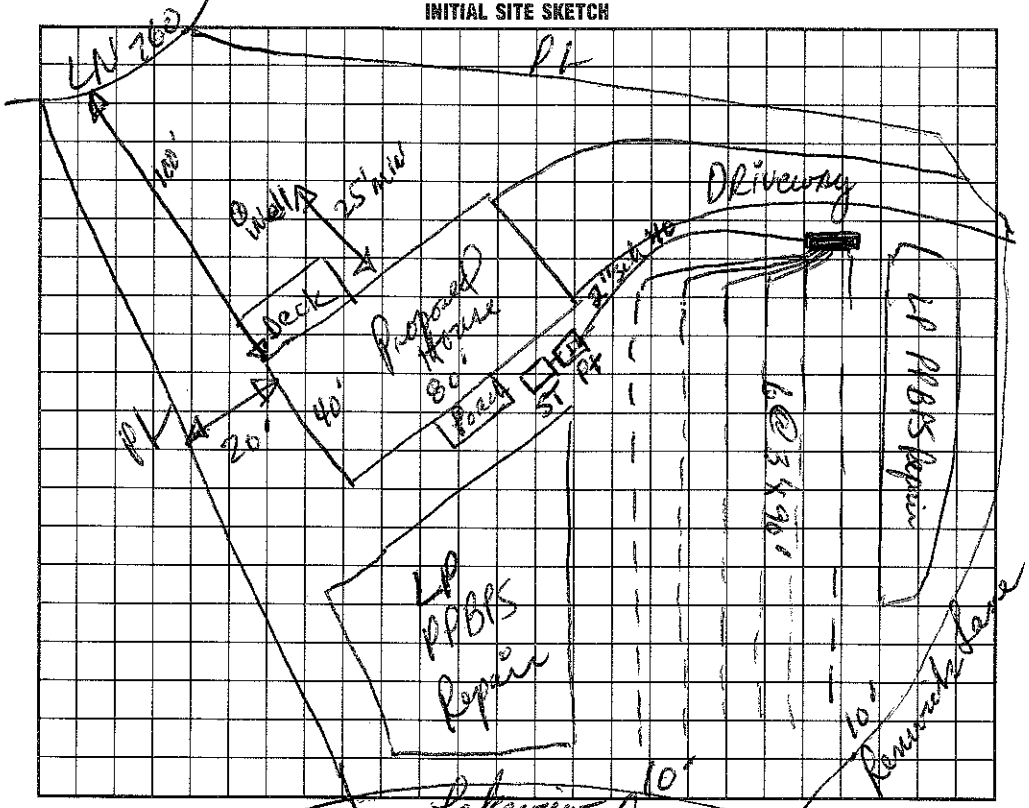
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

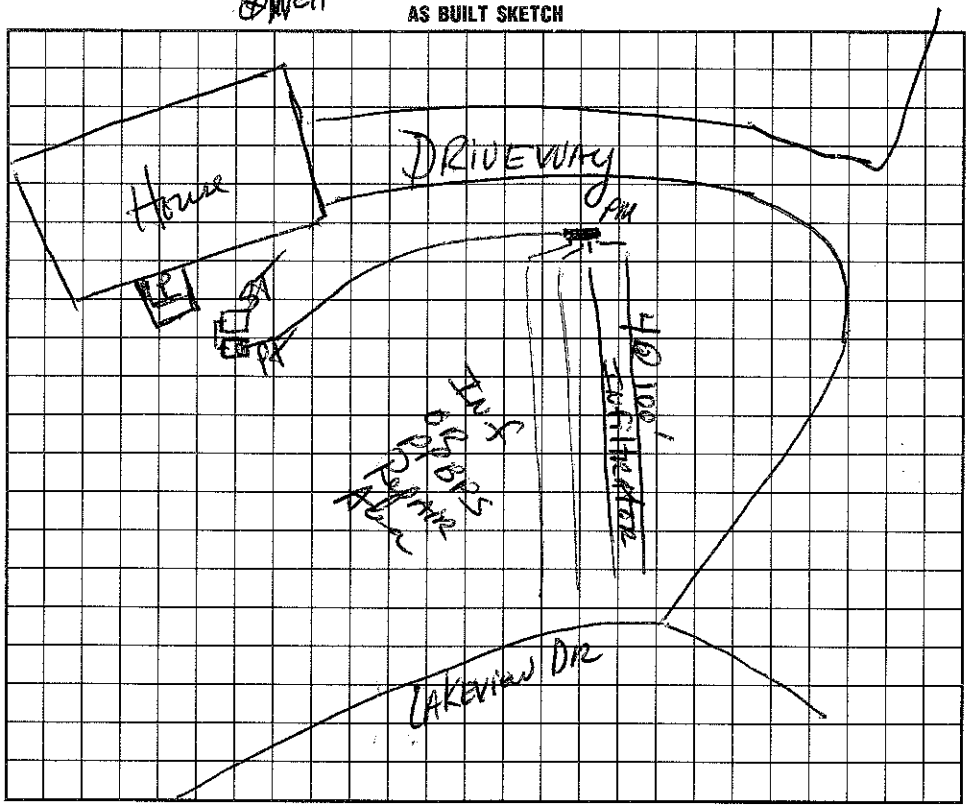
Comments: Laterals to follow contours
See me for details on pressure manifold (½" taps 6" apart, w/ 6' sch 80 pvc). Pump specs: 50 gal/min @ approx 22' head.

Comments: 4/19/95 Tanks OK, laterals installed (Infiltrator 400') and closed.
2/4/00 - Sprinklers over trenches - No problems yet.

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: _____

Improvement Permit by: Jack K. Hinson RS date 10/20/94

Existing System Inspection by: _____ date _____

Installed by: Richard Abernathy

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks RS. date 2/4/00

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