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. 2164 DATE July 21 '95 TAX MAP NO. 2C2B5 4624 89 2690 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Blaine P. Segal / Randy White PHONE: Business ______ Home 6633178 WS4

ADDRESS 656 Cabarrus Rd, Mooresville, NC

LOCATION Brawley Sch Rd TL Yacht Rd TR Sterling Oaks Lane TL in cul-de-sac

SUBDIVISION Yacht Shores BLOCK / SECTION 1 LOT 5 LOT AREA 1.17 Ac SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 5/30/96

Pump Tank: 1000 Gallons; PT 27 Date 6/12/96

Pump Make: Liberty Model LE51A Serial No. 1320

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: pumped low infiltrator

Repair System Description: pumped INF / conv.

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

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

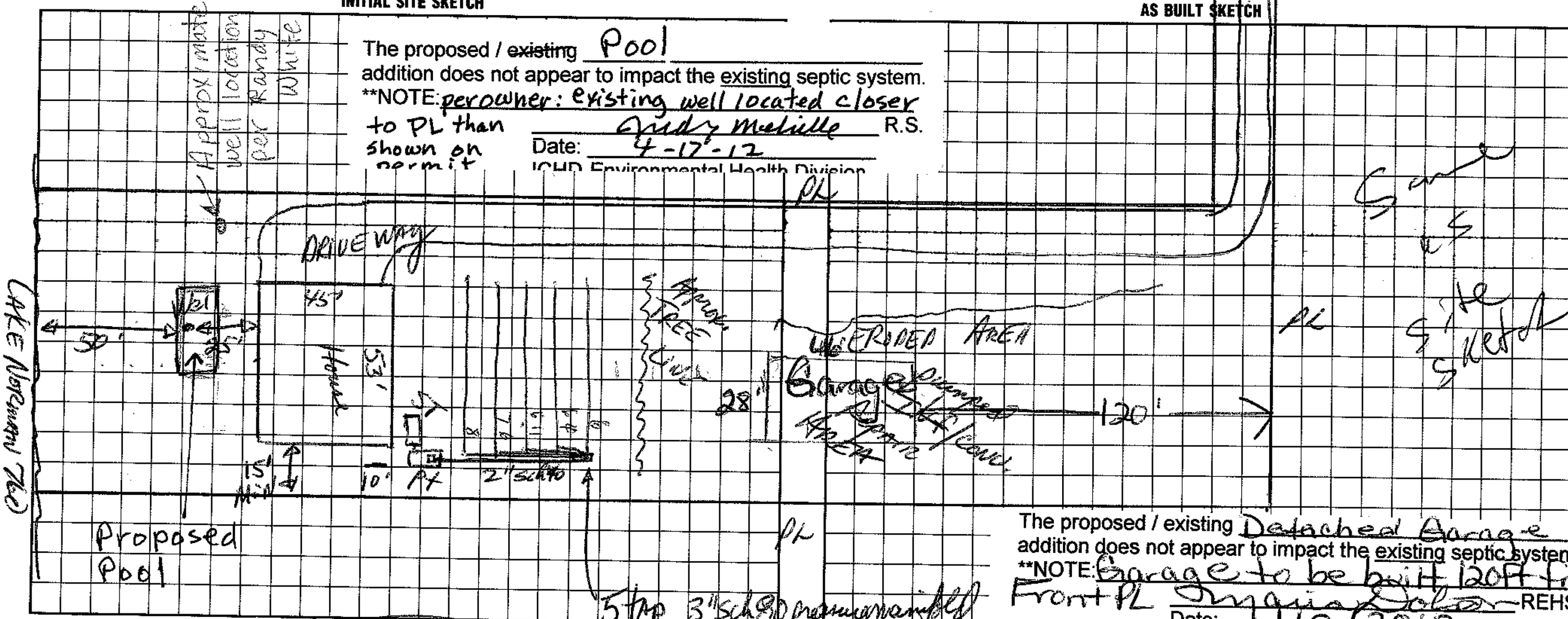
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

~ 1.50

Comments:

INITIAL SITE SKETCH **AS BUILT SKETCH**



The proposed / ~~existing~~ Pool addition does not appear to impact the existing septic system.
**NOTE: per owner: existing well located closer to PL than shown on permit
Judy Melville R.S.
Date: 4-17-12
ICHD Environmental Health Division

The proposed / existing Detached Garage addition does not appear to impact the existing septic system
**NOTE: Garage to be built 120 ft from Front PL
[signature] REHS
Date: 1/9/2012
ICHD-Environmental Health Division

I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes
Improvement Permit is valid for 60 months from date of issuance.

Signed: X [signature]

Improvement Permit by: [signature] RS date 7-21-95

Existing System Inspection by: ______ date ______

Installed by: Tim Ammons

Certificate of Completion by: ______ date ______

Operation Permit by: [signature] date 8/6/96

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