IREDELL COUNTY HEALTH DEPARTMENT

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

4624983146

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

PROPERTY DESCRIPTION NO. 16913 DATE April 13, 94 TAX MAP NO. 2C 341 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Craig & Joan Milliken PHONE: Business _____ Home 663-0688 L.M.

ADDRESS 25003 Sanford Ct. Mooresville

LOCATION 1109 TL Jacobs Rd. (1104) TL Sanford Ct. on left in Cul-d-Sac

SUBDIVISION Oakland BLOCK / SECTION _____ LOT 16 LOT AREA 1.798 ac SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date 7-24-94

Pump Tank: Non Gallons; PT _____ Date _____

Pump Make: None Model _____ Serial No. _____

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: gravity conventional Stone

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees _____

☐ Other _____

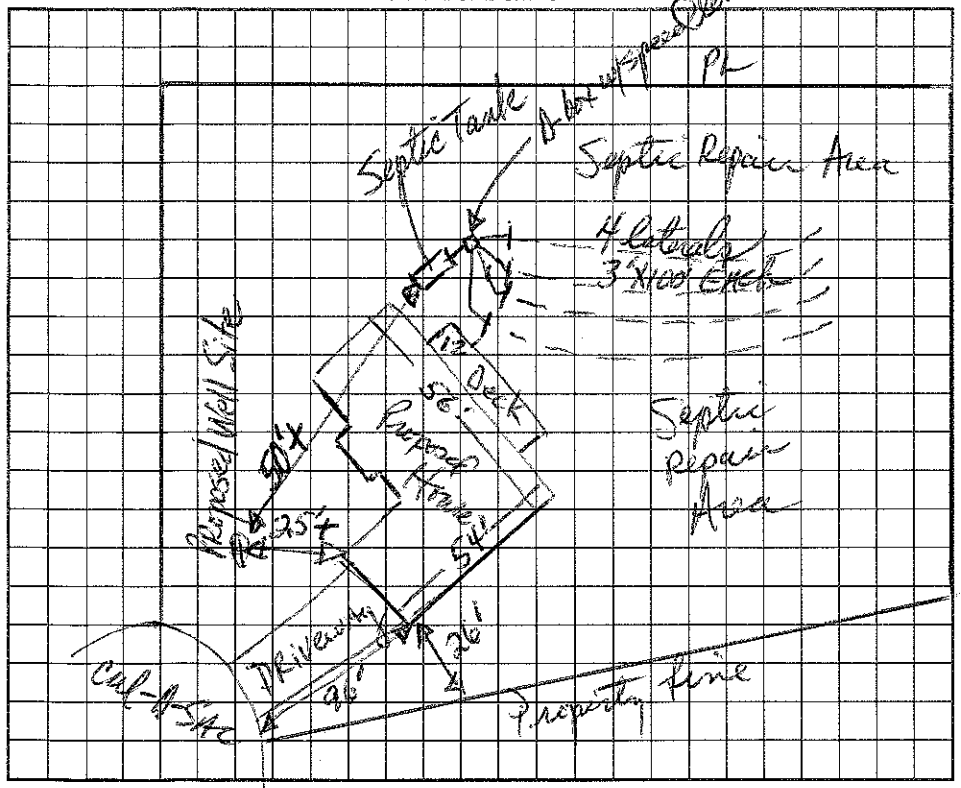
☑ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

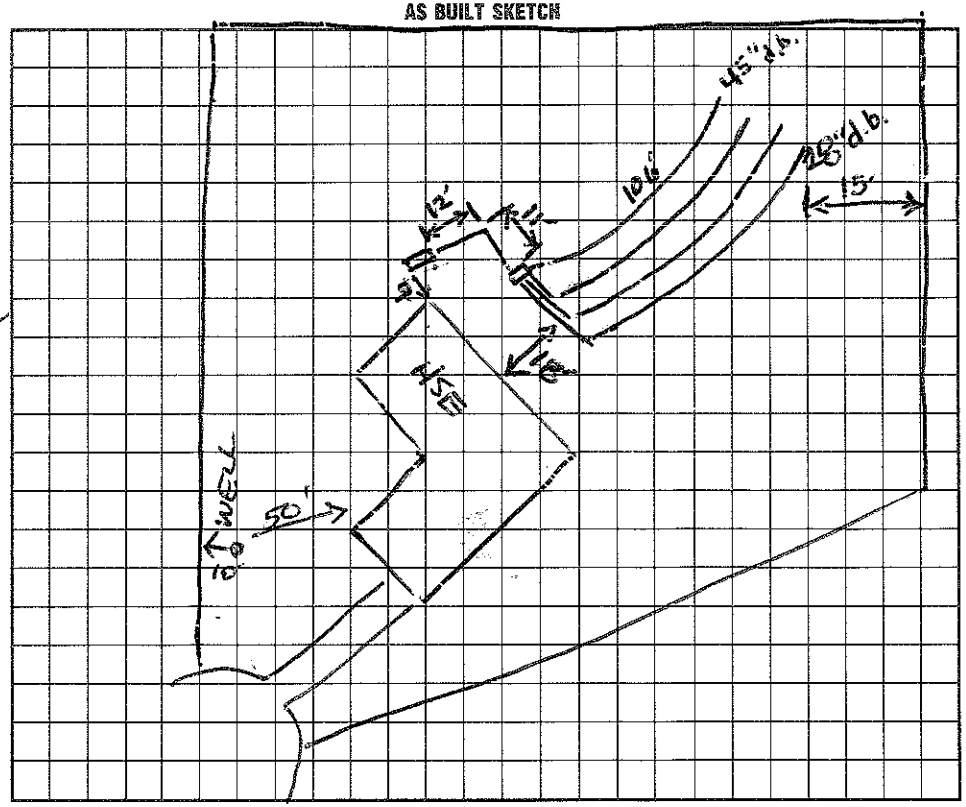
Comments: Plumbing from house must exit at or w/in 6" of existing grade in order to accomodate specified trench bottom depth.

Comments: Tankhole backfilled. Inside - seal, tee, baffle & knockout OK. Top of tank 6" below grade.

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: X Joan H Milliken

Improvement Permit by: Mark R Hinson, RS date 4/13/94

Existing System Inspection by: _____ date _____

Installed by: Ray Beam Const. Co.

Certificate of Completion by: Andrea Lemon date 9-1-94

Operation Permit by: _____ date _____

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