IREDELL COUNTY HEALTH DEPARTMENT

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

4626166327

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

PROPERTY DESCRIPTION NO. 17665 DATE Feb. 15, '94 TAX MAP NO. 2F3A 138 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Lance Heim PHONE: Business Home 663-5991 L.N.

ADDRESS 7 Farmstead Lane, Mooresville, N.C.

LOCATION 1190 To 1115 To Kemp Rd (1st entrance) 1.4 miles on left

SUBDIVISION Crescent L.N. BLOCK / SECTION 8 LOT 138 LOT AREA .831 Ac SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Delinger Date 12/13/94

Pump Tank: ____ Gallons; PT 0 Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ____ Linear Feet 270

No Lines 4 Trench Width 24" Max Trench Bottom Depth 28" Gravel Depth ____

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

System Description: gravity RPBPS

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 3½ No. Employees ____

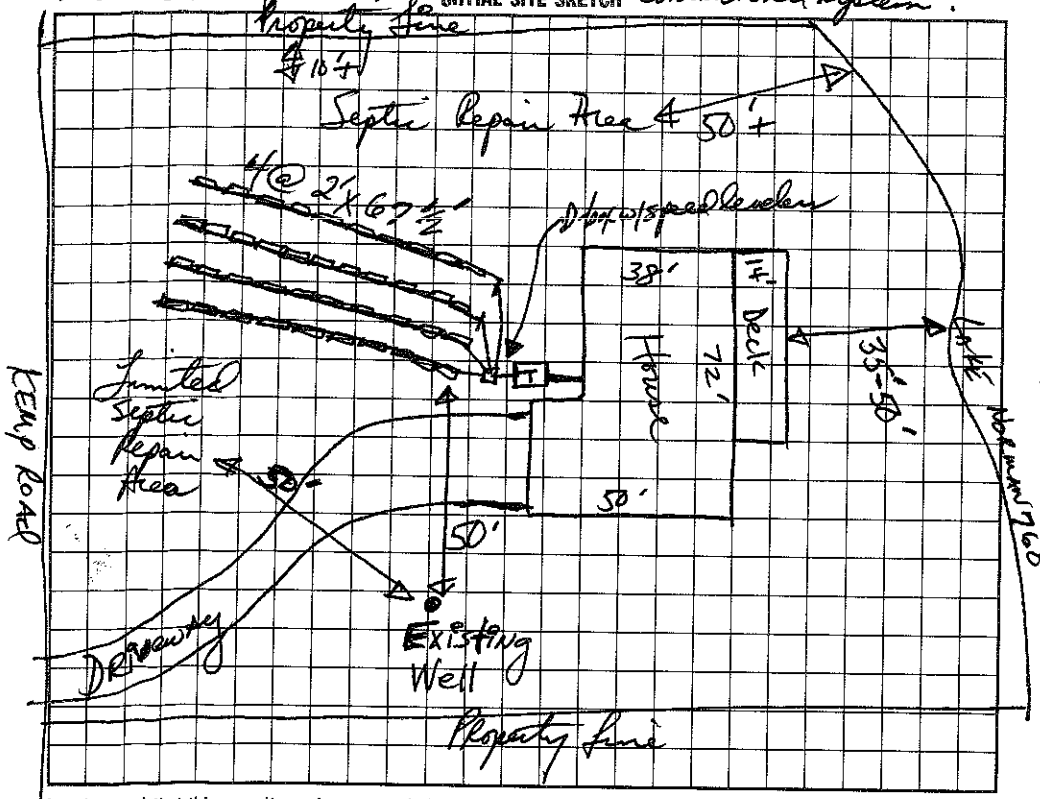
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual EX. ☐ Community ☐ Public

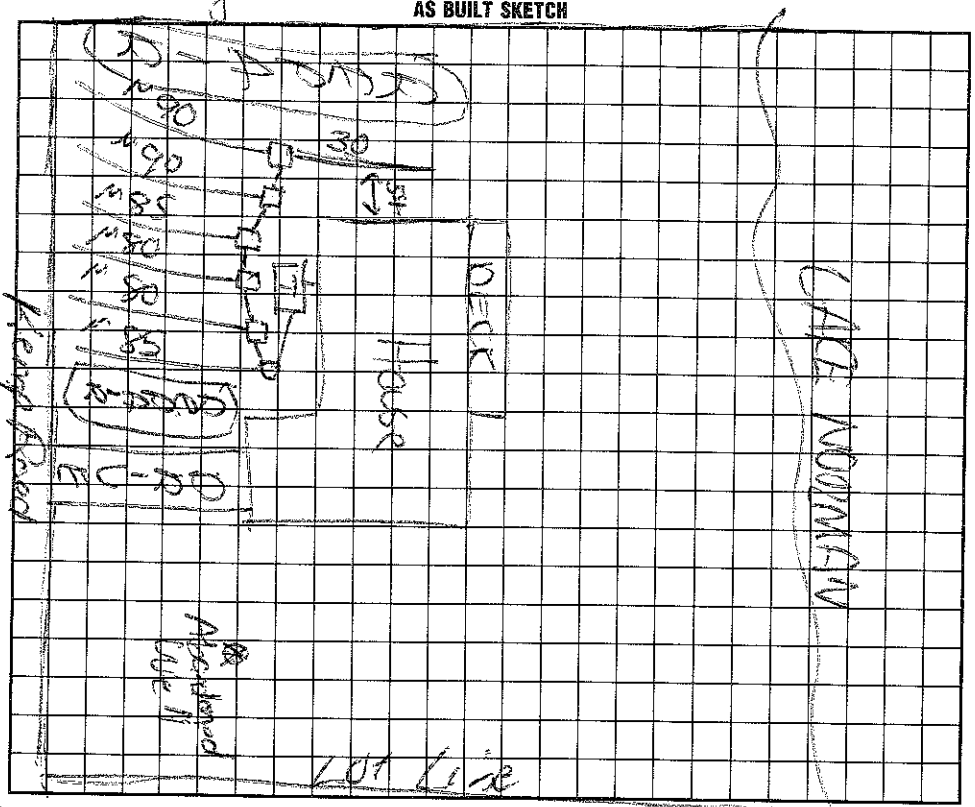
Comments: Plumbing must exit house at or slightly above existing grade. Keep laterals shallow and on contour. If the house can be moved to where the drive is 35' off 760, the possibility exists for installation of a conventional system.

Comments: Layout change to Grout Contractor OK'd By DRH. Sighting OK'd 3/30 by DRH pending Abandonment of well

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 Lance Heim

Improvement Permit by: David R. Hinson, RS date 2/15/94

Existing System Inspection by: ____ date ____

Installed by: Carolina Grading

Certificate of Completion by: David R. Hinson date 5/3/95

Operation Permit by: ____ date ____

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