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. _____ DATE July 21 '93 4026268256 TAX MAP NO. _____

OWNER OR CONTRACTOR David & Nancy Finley PHONE: Business _____ Home 664-5961

ADDRESS Rt 6 Box 341 Mooresville NC

LOCATION 180 to TR 1115 to 1445 (Kemp) ~1-1/4 miles on Rt

SUBDIVISION Crescent Lk. Est. BLOCK / SECTION 8 LOT 123 LOT AREA ~3/4 Ac. SITE CLASS. PS L.T.A.R. _____

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 2 (1 Ex) Square Feet 430 Linear Feet 150

No Lines 3 Trench Width 9 Trench Depth 36" Gravel Depth 12"+

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

System Description: _____

Repair System Description: gravity bed

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

Garbage Disposal: ☐ Yes ☑ No

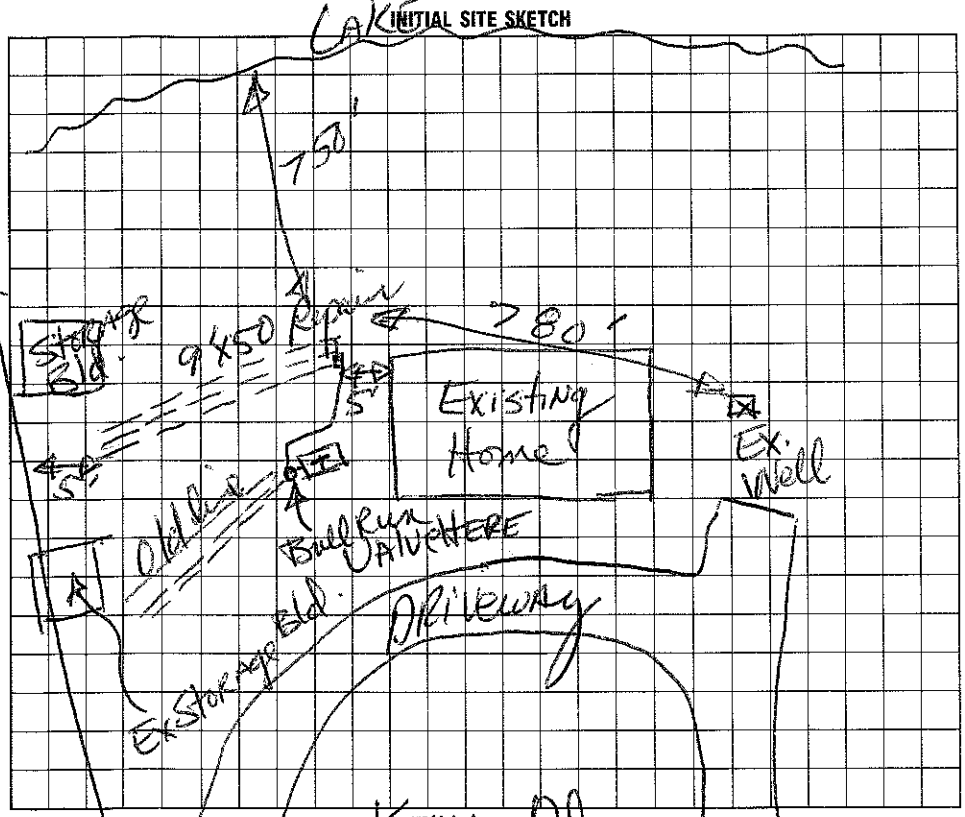
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☐ Yes ☐ No

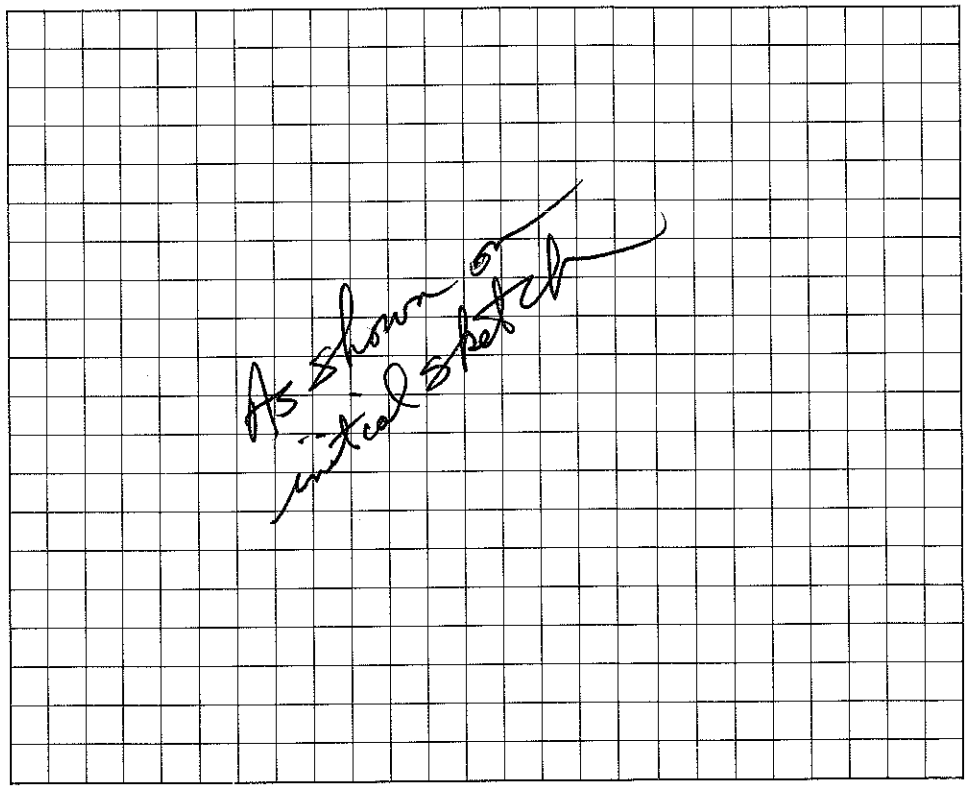
Other _____

Comments _____

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: _____ date 7/2/93

Existing System Inspection by: _____ date _____

Installed by: _____

Certificate of Completion by: _____ date 7/19/93

Operation Permit by: _____ date _____

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