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. 19798 DATE Dec 16, '94 TAX MAP NO. 2F6A3 Watershed: ☑ Yes ☐ No WS IV

OWNER OR CONTRACTOR Michael & Cindy Beard PHONE: Business 4626-~~55~~ 51-5349 Home

ADDRESS PO Box 425, Mt Mourne, NC 28123

LOCATION 1100 TR 1177 (Chuckwood) TR Seagrove ~300' on Rt.

SUBDIVISION Holiday Harbor BLOCK / SECTION LOT 3 LOT AREA 105' x ~192' SITE CLASS PS per 1956 DESIGN FLOW 360 gpd L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 1012 Date 7/20/96
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1050 Linear Feet 350
No Lines 5 Trench Width 36" Max Trench Bottom Depth 28" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI (II circled)
System Description: grav. conventional
Repair System Description: grav. PPBPS
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

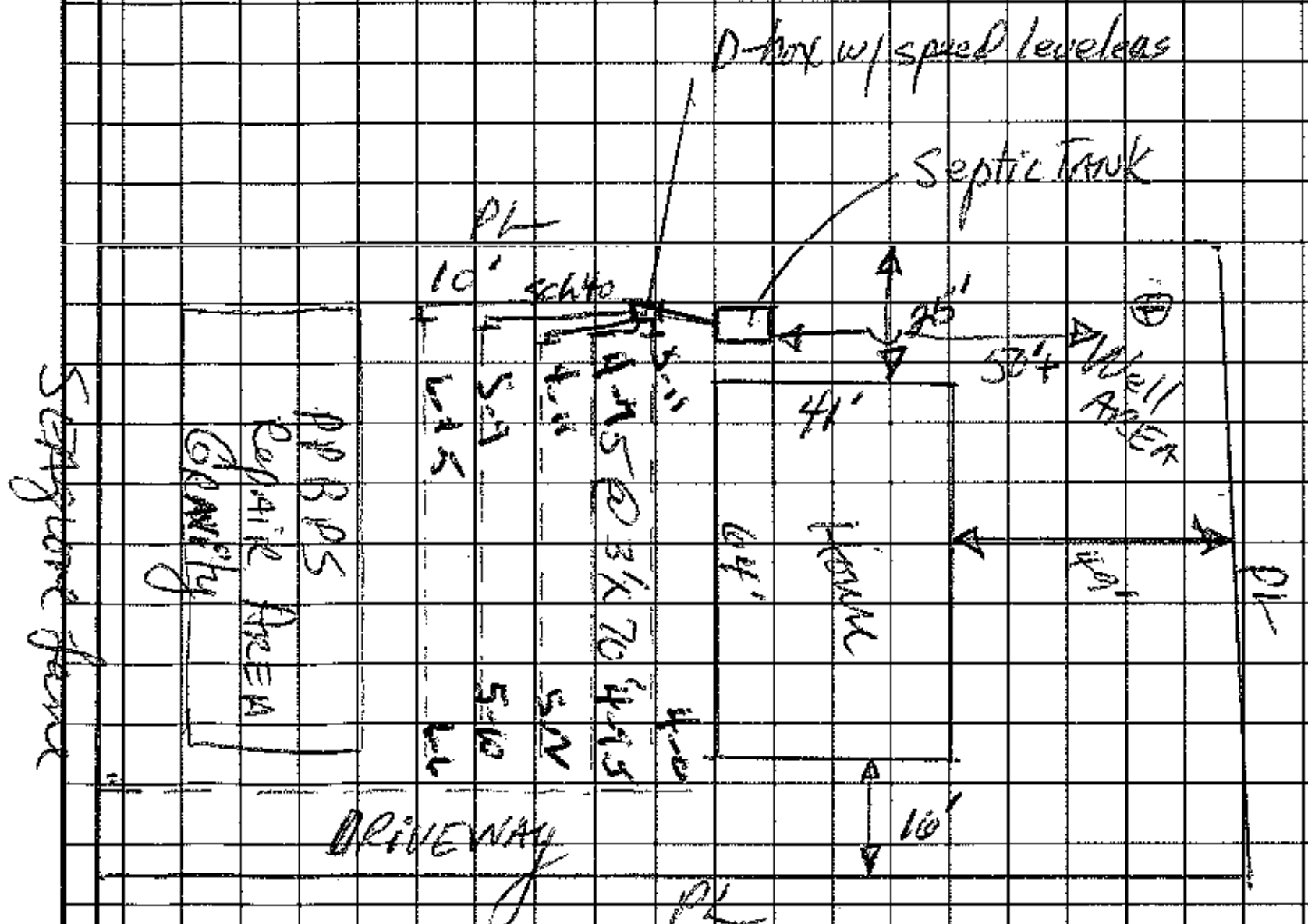
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Follow contour w/ laterals

Comments:

INITIAL SITE SKETCH

1" = 50'



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: [signature]

Improvement Permit by: [signature], RS date 12/16/94

Existing System Inspection by: date

Installed by: Richard Abernathy

Certificate of Completion by: date

Operation Permit by: Wesley Sparks RS date 7/5/96

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