55117

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. 20500 DATE 3/24/95 TAX MAP NO. 2F-10-B-12 4626-75-5808 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR RS/MB Enterprises Inc PHONE: Business 663-5592 Home

ADDRESS PO Box 1738, Mooresville NC 28115

LOCATION 1100, Rt on McKindree, Rt on Carrie, Lt on Ridgebrook Near end on Lt

SUBDIVISION Bridgebrook Shores BLOCK / SECTION IV LOT 12 LOT AREA 1/2 acre + SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .03 gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Bellinger Date 4-28-95 ☑ New System ☐ Repair System Type: I, II, III, IV, V, VI INF ☑ House/Mod. Home No. Bedrooms 3 Water Supply: ☑ Individual

Pump Tank: 1000 Gallons; PT 27 Bellinger Date 5-6-95 System Description: Pressure manifold ~~conventional~~ ☐ Mobile Home No. Bathrooms 2 ☐ Community

Pump Make: Goulds Model WE05 II HH Serial No. 2887720 Repair System Description: PPBPS pressure dosed ☐ Business No. Employees ☐ Public

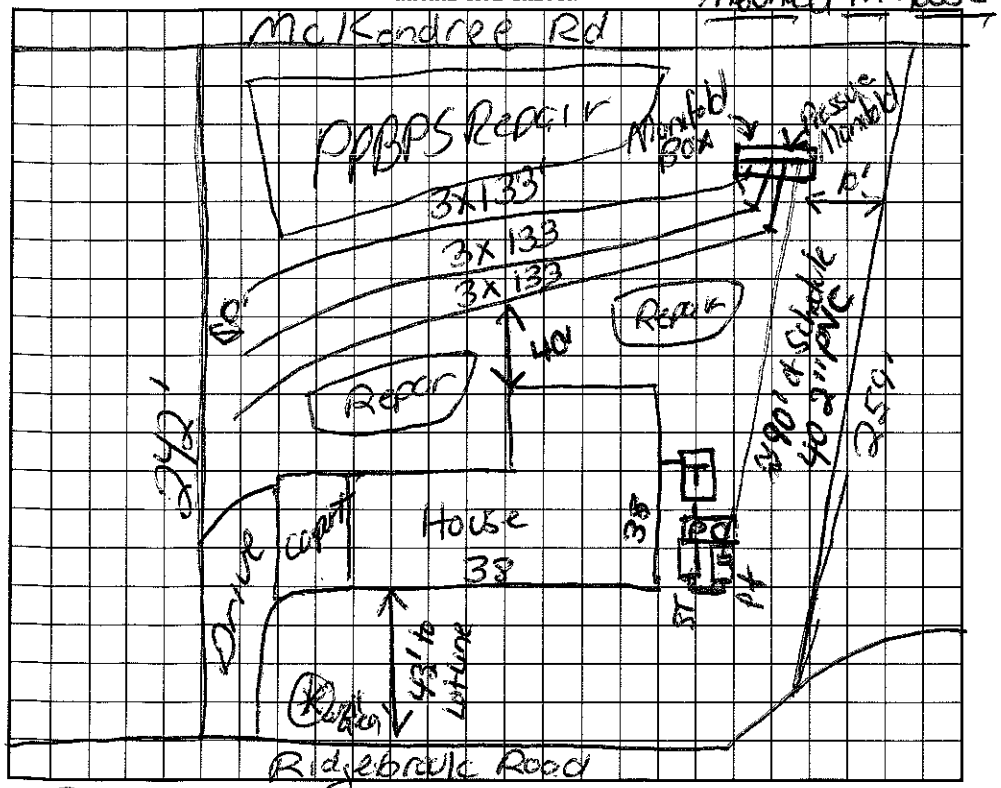
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400 Maintenance Agreement Required: ☐ Yes ☑ No ☐ Other To be drilled

No Lines 3 Trench Width 3 Max Trench Bottom Depth 36" Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

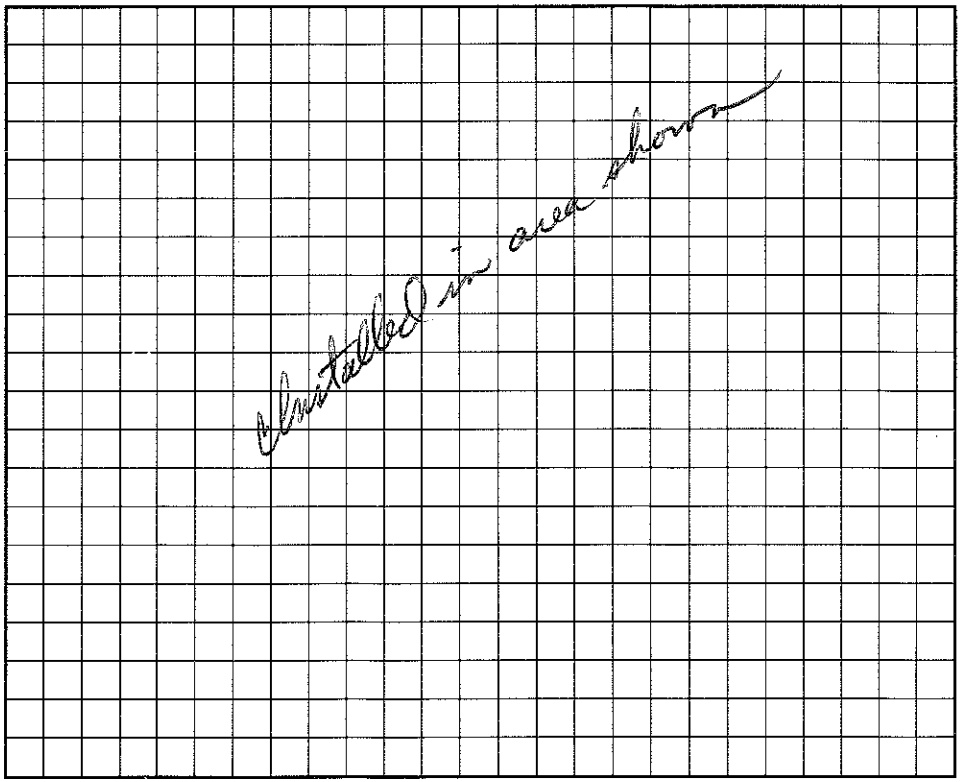
Comments: Pump to pressure manifold - Schedule 80 w/ 3 Tops 3/4", Pump Must Deliver minimum 40 GPM at 25' head Riser over pump tank. Manifold Box as shown on diagram Keep well 50' minimum from septic system. High Water Alarm Mounted in House

Comments: 300' of infiltrator installed

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: Michael J. Mattox & R Builders 3/24/95 Installed by: Barry Thompson

Improvement Permit by: [signature] date 3/24/95 Certificate of Completion by: ☐ date

Existing System Inspection by: ☐ date Operation Permit by: [signature], RS date 6-22-95

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