IREDELL COUNTY HEALTH DEPA... STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMP...ETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 16954 DATE Sept-7, '93 TAX MAP NO. 2F11A32

OWNER OR CONTRACTOR Clayton H. Brown PHONE: Business _____ Home 4626-96-8816

ADDRESS PO Box 1682 Mooresville

LOCATION 1100 ft. Poplar Grove Bean Rt TL on Sycamore Slope on Right AT END

SUBDIVISION Poplar Grove BLOCK / SECTION _____ LOT 32 LOT AREA ~3/4Ac SITE CLASS. P5 L.T.A.R. .3-.35 gpl/sqft/day

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 794 Bellinger Date 2-22-94

Pump Tank: _____ Gallons; PT _____ Date _____

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

~~No~~ Lines 5 Trench Width 36" Trench Depth 30"-36" Gravel Depth 12"

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

System Description: gravity Conventional

Repair System Description: gravity or pumped conv.

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☑ Yes ☐ No

☐ Mobile Home No. Bathrooms 2 Auto. Dishwasher: ☑ Yes ☐ No

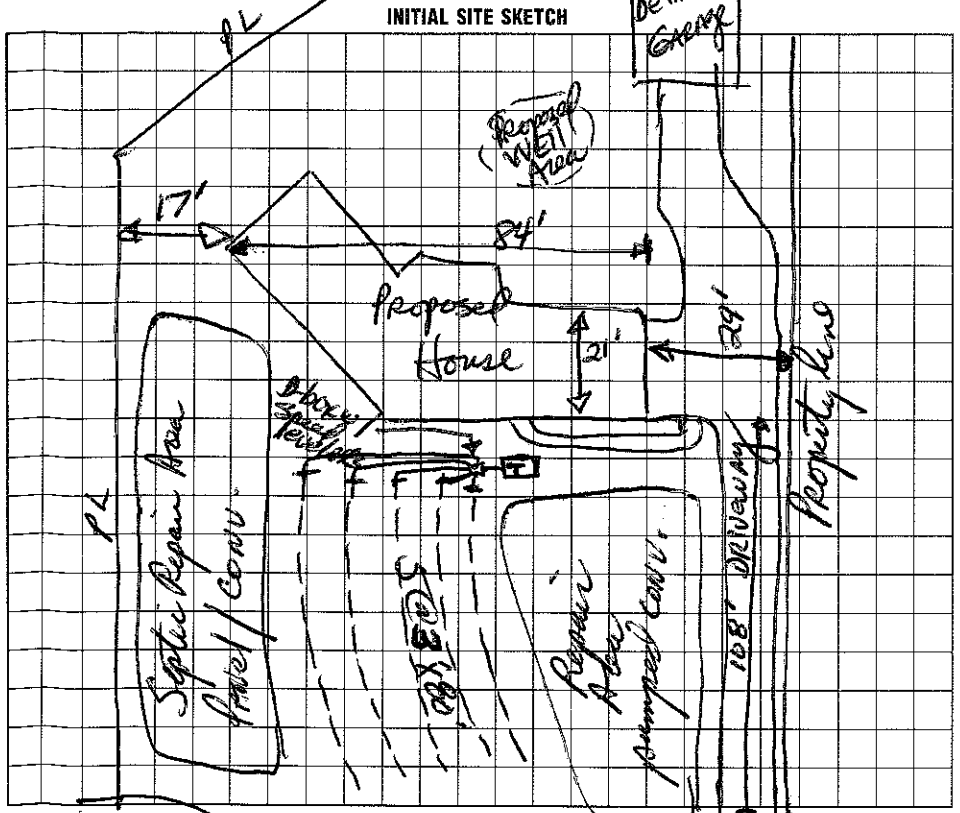
☐ Business No. Employees _____ Auto. Washing Machine: ☑ Yes ☐ No

☐ Other _____ Other _____

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

Comments Laterals only 70' in length (total 350') due to underground power line at street cutting across front of lot. No problem w/ soil conditions

INITIAL SITE SKETCH



AS BUILT SKETCH

As shown on initial 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: Clayton H. Brown

Improvement Permit by: [signature] date 9/7/93

Existing System Inspection by: _____ date _____

Installed by: H. Brown

Certificate of Completion by: [signature] date 4-27-94

Operation Permit by: _____ date _____

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