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. 22498 DATE April 26, '96 TAX MAP NO. part of 2L All | 4627-40-4062 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Foster Development Corp. PHONE: Business _____ Home 664-2906

ADDRESS 227 Hideaway Lane, Mooresville

LOCATION Brawley Sch Rd TR Mclendon TR Right on Right corner lot w/ Lockfoot Lane

SUBDIVISION Hawks West BLOCK / SECTION _____ LOT 2 LOT AREA .53Ac SITE CLASS. PS pw.195c DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 194 Date 2/24/96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 900 Linear Feet 300

No Lines 4 + 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity Chamberd

Repair System Description: Gravity Panel block

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees _____

☐ Other _____

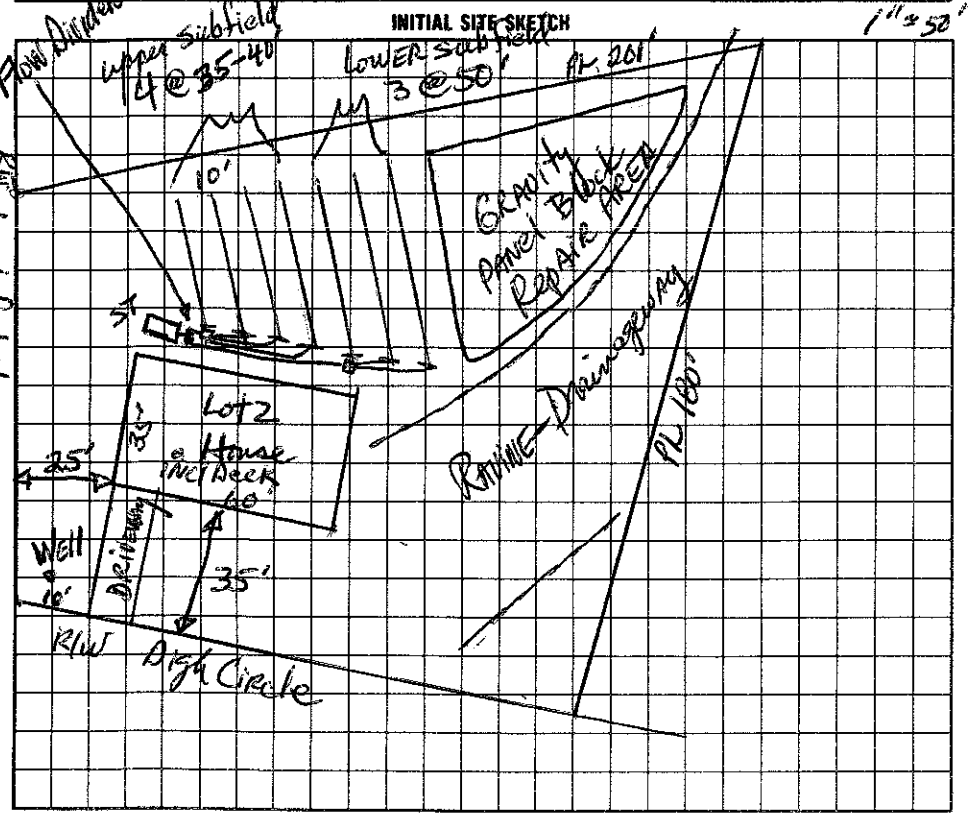
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Community
☐ Public

Comments:

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.

Signed: _____

Improvement Permit by: _____ date 4-26-96

Existing System Inspection by: _____ date 12-3-96

Installed by: TOMMY COTHREN

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 3/27/96

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