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. 17896 DATE April 21, '95 TAX MAP NO. 2L2A374 4627-41-6497 Watershed: ☑ Yes ☐ No lake

OWNER OR CONTRACTOR Harry E. McKee PHONE: Business _____ Home _____

ADDRESS 236 Bright Circle Mooresville

LOCATION Brawley Sch Rd TR McKendree TR Bright Circle approx 1 mile on Right

SUBDIVISION Crescent Glen BLOCK / SECTION 8 LOT 374 LOT AREA .65ac SITE CLASS. PS per 1457 DESIGN FLOW 480 gpd L.T.A.R. .82 (LPP)

Septic Tank: _____ Gallons; STB 1011 Date 7-22-97

Pump Tank: SEE LPP plan Gallons; PT 17-1000 Date 8-10-97

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth 9"

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

System Description: LPP

Repair System Description: NONE ONSITE (EXist prior to 1/83)

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3½

☐ Business No. Employees ____

☐ Other _____

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

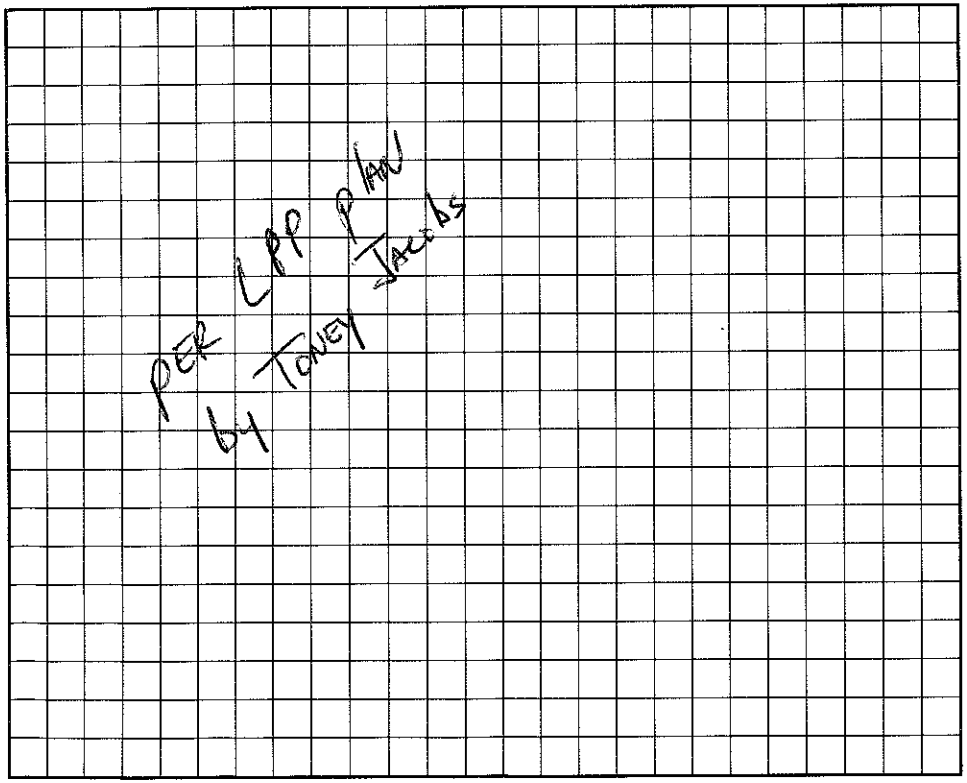
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: System designer to provide written certification that the final installation meets the specifications of his plan. As built drawing to be provided if installation is substantially different than plan.

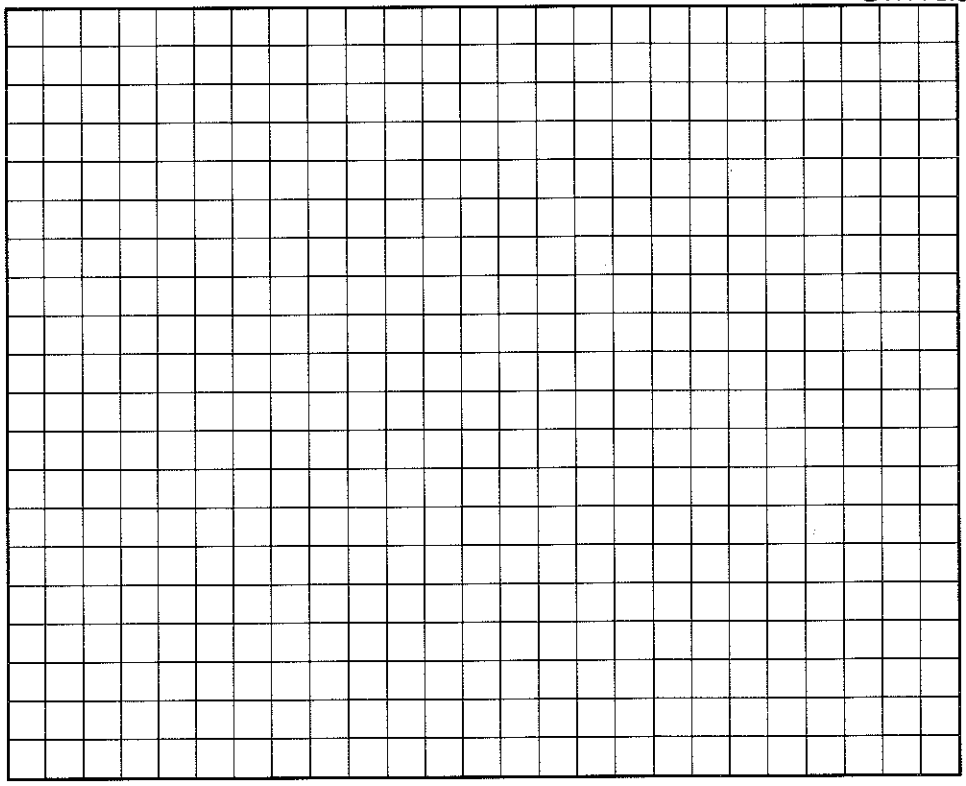
Comments: LINES 60-62' in length. 5/32" hole. Elevation of lines & tanks checked 9/23/97 MD

Tank location revised due to rocks in orig. tank location

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: _____ RS date 4/21/95

Existing System Inspection by: _____ date _____

Installed by: Eddie Young & Son Co.

Certificate of Completion by: Wesley Sparks RS. date 11/12/97

Operation Permit by: Wesley Sparks RS. date 11/12/97

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