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. 19381 DATE Dec 15, '94 TAX MAP NO. 2-2A 446 4627-62-7195 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Ben So Thomas PHONE: Business 663-1600 Home WSIV

ADDRESS 408 N. Main St, Mooresville

LOCATION 1100 TR 1115 TR 1215 (Grasshopper) TR Turn Place at end

SUBDIVISION Crescent Park BLOCK / SECTION 8 LOT 446 LOT AREA 20,000 ft² ± SITE CLASS. PS per 1957 DESIGN FLOW 360 gpd L.T.A.R. .01

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: 1000 Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 3 Square Feet 3600 Linear Feet 720

No Lines 12 Trench Width 1' min. Max Trench Bottom Depth 14" Gravel Depth 8" min

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

System Description: LPP

Repair System Description: * unknown

Maintenance Agreement Required: ☑ Yes ☐ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 3 3 5 No. Bathrooms 2 No. Employees ____

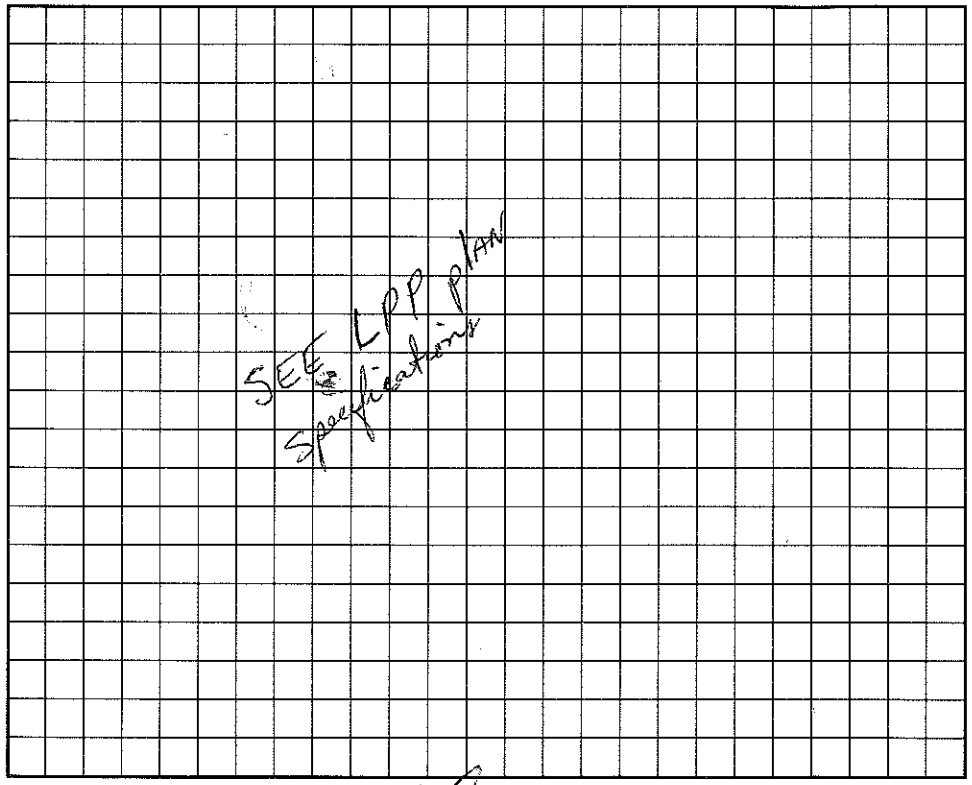
Water Supply: ☑ Individual ☐ Community ☐ Public

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

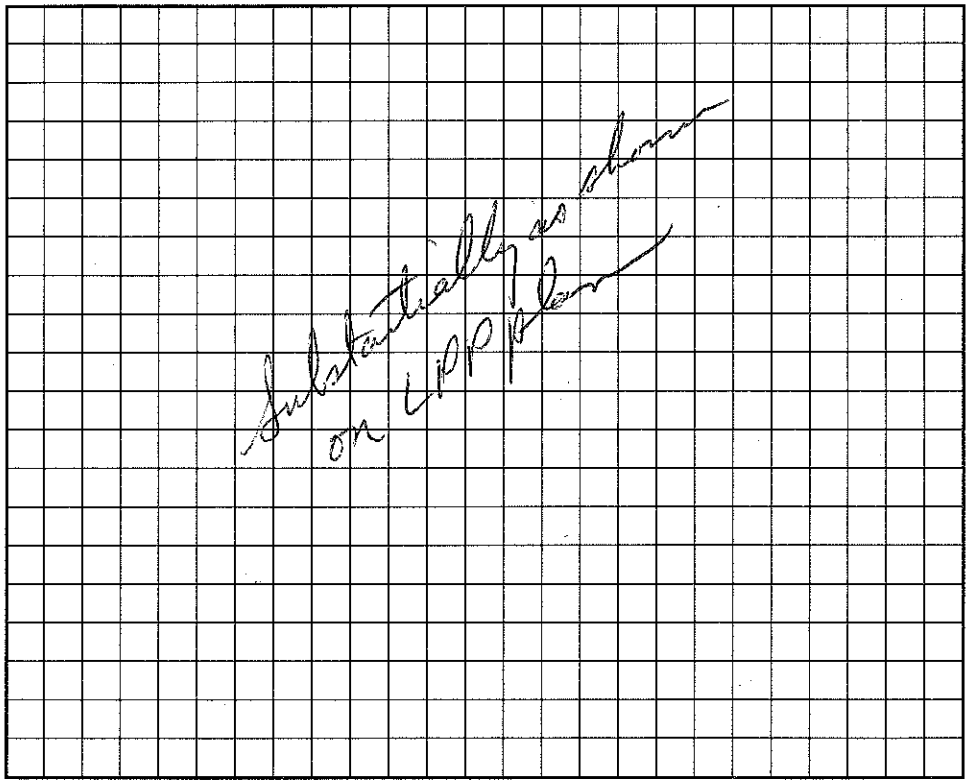
Comments: * This site was recorded prior to 1983 and contains no on site repair area. Preconstruction conference required. Water conservation and landscaping critically important to long term system functioning. Recommend owner consider increasing trench width to 24".

Comments: LPP plan designer to provide written certification that final installation meets the specifications of his plans

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: Mark R Hanson, RS date 12/15/94

Existing System Inspection by: ____ date ____

Installed by: A. Erwin

Certificate of Completion by: ____ date ____

Operation Permit by: Mark R Hanson, RS date 12/29/94

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