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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. 18606 DATE June 30, 1994 TAX MAP NO. 2L 6A 137 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Tom Sawyer PHONE: Business 664-4838 Home 4 W.

ADDRESS P.O. Box 572, Mooresville, N.C.

LOCATION 150 W Rt 2 Paradise Peninsula Bear Left on Overbay Rt Hogan Lane on left

SUBDIVISION Crescent L.W. BLOCK / SECTION 10 LOT 137 LOT AREA ~ 3/4 Ac SITE CLASS. 45 gpcpd DESIGN FLOW 360 gpd L.T.A.R. 2 Bdrm

Septic Tank: Existing Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1+EX Square Feet ____ Linear Feet 100 + EX

No Lines 1+EX Trench Width 24" Max Trench Bottom Depth ____ Gravel Depth NA

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

System Description: Gravity conv. & PPBFS

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3+

☐ Business No. Employees ____

☐ Other ____

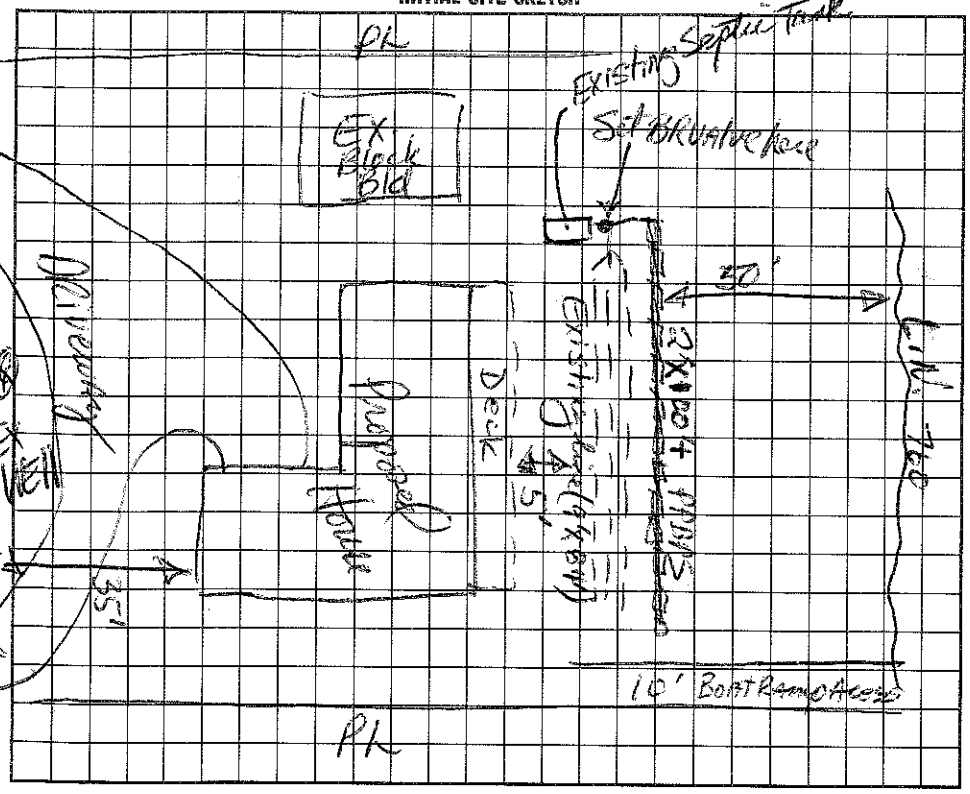
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: This permit is to upgrade existing system to 3 Bedroom capacity. 10 Any additions or repairs will invalidate either initial or final permit, Off site sewer easement or system area, or App to DEHNR for potential discharge permit

Comments: Existing system OK, Home to be 2 Bedrooms maximum

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: X

Improvement Permit by: ____ date 6/30/94

~~Construction~~ Existing System Inspection by: ____ date 7/18/97

Existing System Installation by: ____ 7-18-97

Certificate of Completion by: ____ date ____

Operation Permit by: ____ date ____

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