4627939222

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. 17426 DATE Nov 10, '93 TAX MAP NO. 2L-4 Watershed: ☑ Yes ☐ No L.N.

OWNER OR CONTRACTOR David Miller PHONE: Business _____ Home _____

ADDRESS Rt 9 Box 224 Mooresville

LOCATION 1100 TR 1178 (Blume) TR 1443 (Beaten Path) .9 mile on Right

SUBDIVISION Crescent L.N. BLOCK / SECTION 9 LOT 103 LOT AREA _____ SITE CLASS: _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: ~~No Field~~ EXISTING Square Feet _____ Linear Feet _____

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

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

System Description: gravity conv. bed

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

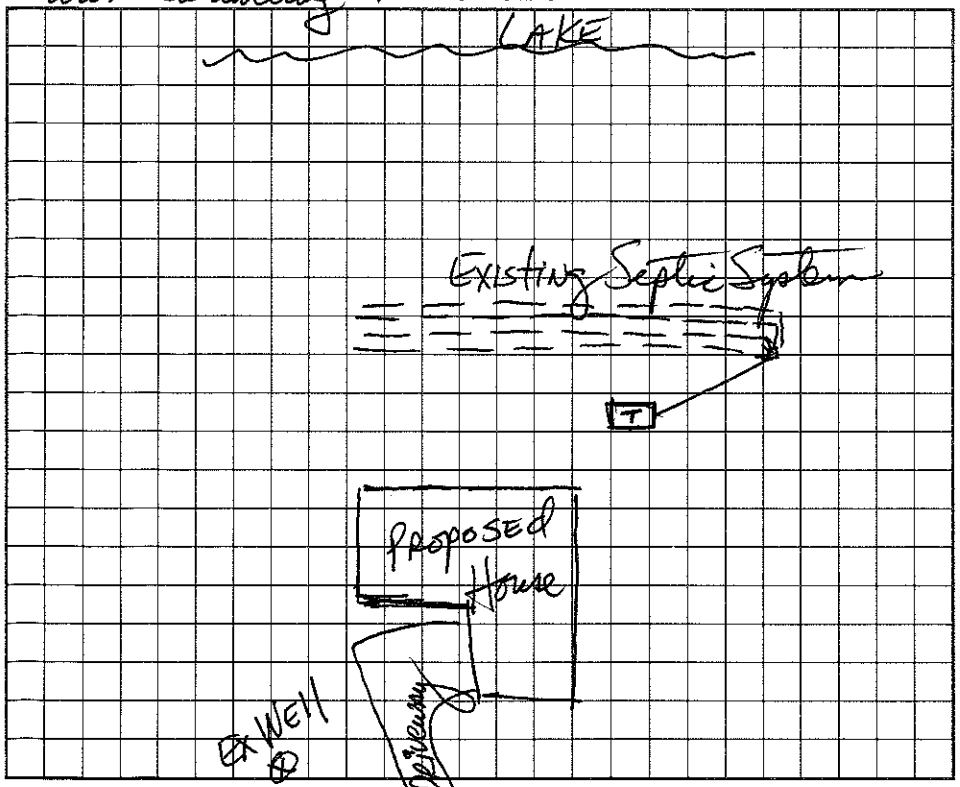
Comments:

Existing system showing no signs of malfunction
Replacing 3 bedroom DW with new 3 bedroom house. Maintain at least 5' upslope septic system with new dwelling.

Comments:

(Septic System replaced in 1995)

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: SR 1443 date _____

Existing System Inspection by: [signature], RS date 11/10/93

Installed by: _____

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