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. 17702 DATE 1/24/94 TAX MAP NO. 2N 6A 6 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Jack Clune PHONE: Business _____ Home _____

ADDRESS 609 Camino Real Mooresville, NC. 28115 4628-96-1457

LOCATION Point of View Dr. on (L)

SUBDIVISION Pt of View BLOCK / SECTION _____ LOT 6 LOT AREA ~.68AC SITE CLASS. P DESIGN FLOW 480 L.T.A.R. .3-.35

Septic Tank: 1000 Gallons; STB 797 Date 7/26/94
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1371 Linear Feet ~~X~~ 240
No Lines 3 Trench Width 2' Max Trench Bottom Depth 36" ~~Gravel~~ Depth 6"SAND

☒ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: 16" PANEL BLOCKS
Repair System Description: PRES. PANEL BLOCK
Maintenance Agreement Required: ☐ Yes ☐ No

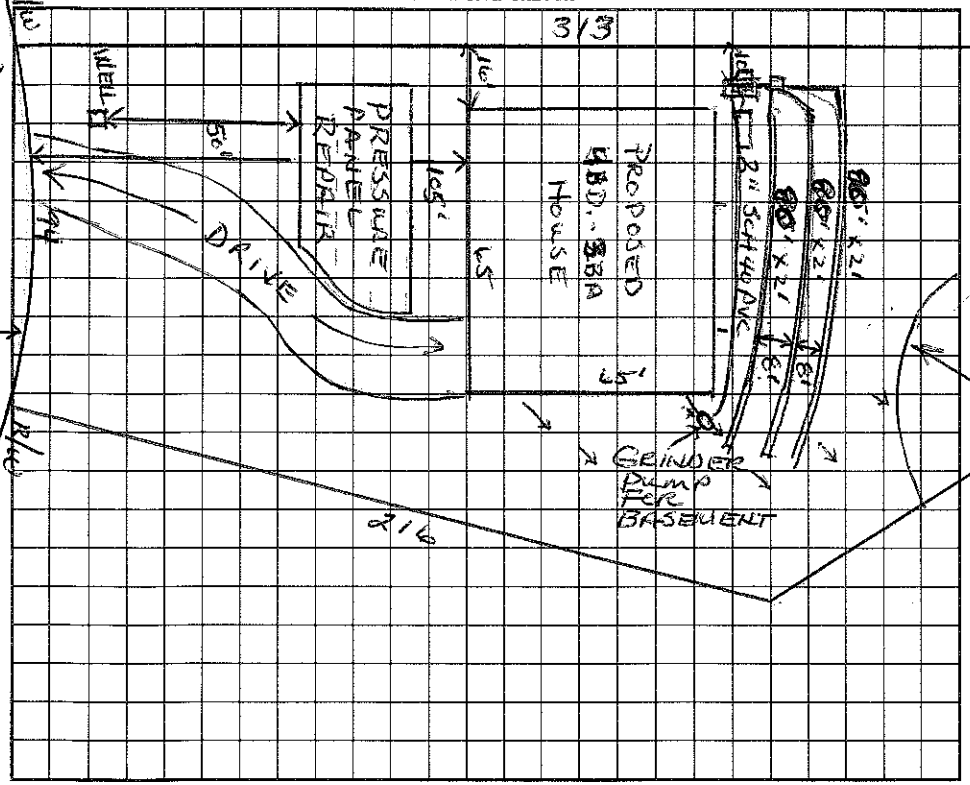
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

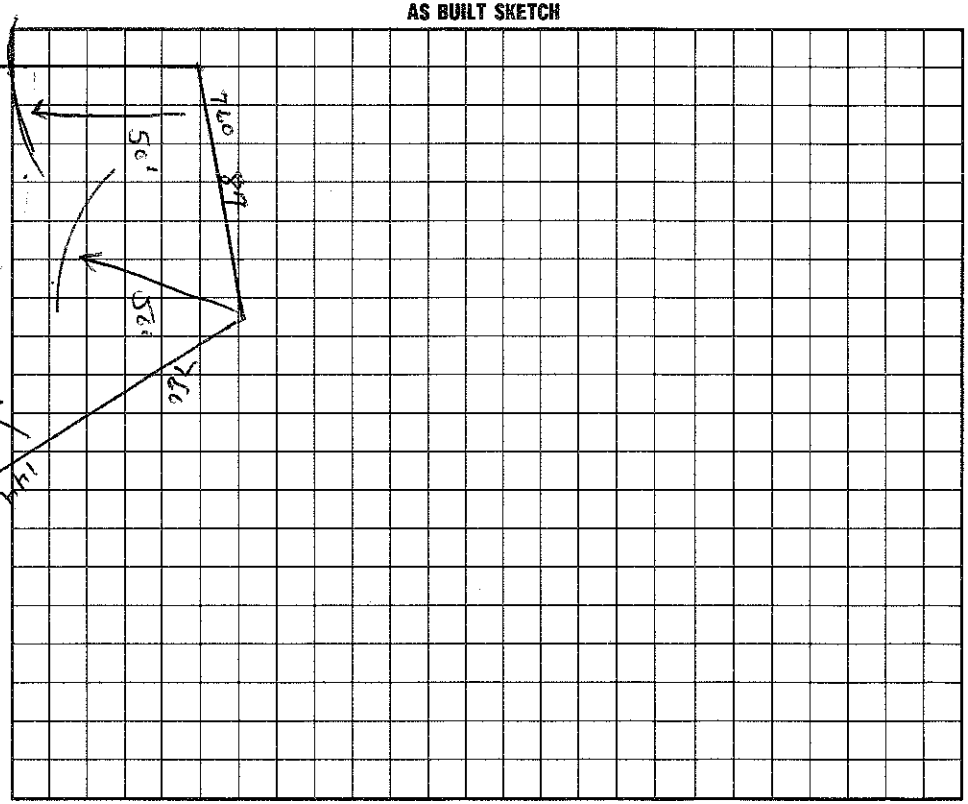
Comments: ~~X~~ 16" Prefabricated Panel Blocks .5 area reduction
Grinder Pump necessary for basement plumbing.
10/31/94 - Changed to 4 - 60' & 24" lines. J

Comments:
Installed essentially as drawn.
All drains routed across entire drainfield area

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: [signature] Installed by: F J Ennis

Improvement Permit by: Wesley Sparks RS. date 1/24/94 Certificate of Completion by: Wesley Sparks RS. date 1/27/95

Existing System Inspection 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