# 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. 16423 DATE June 7, 1993 TAX MAP NO. 2C6A-75

OWNER OR CONTRACTOR Grant C. Williams ~~PHONE: Business~~ 4635-79-3374 Home 664-7476

ADDRESS Rt 9 Box 855 A, Mooresville NC

LOCATION SR 1400 TL 1112 To 2nd 1212 JR Surfside DR. on left NEAR End

SUBDIVISION Commodore Peninsula BLOCK / SECTION ____ LOT 75 LOT AREA 70'x143' SITE CLASS. PS per 1993 L.T.A.R. .13 gal/ft²/day

Water Supply: ☐ Individual ☑ Community ☐ Public 1500 gal.

Septic Tank: 1000 Gallons; STB 780 GCS Date 10-24-93

Pump Tank: ____ Gallons; PT ____ Date ____

Nitrification Field: ~~No~~ Fields 1 Square Feet ____ Linear Feet 200

~~No~~ Lines 4 Trench Width 24" Trench Depth 28" Gravel Depth NA

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

System Description GRAV. PPBPS

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☑ No

☐ Mobile Home No. Bathrooms 2½ Auto. Dishwasher: ☑ Yes ☐ No

☐ Business No. Employees ____ Auto. Washing Machine: ☑ Yes ☐ No

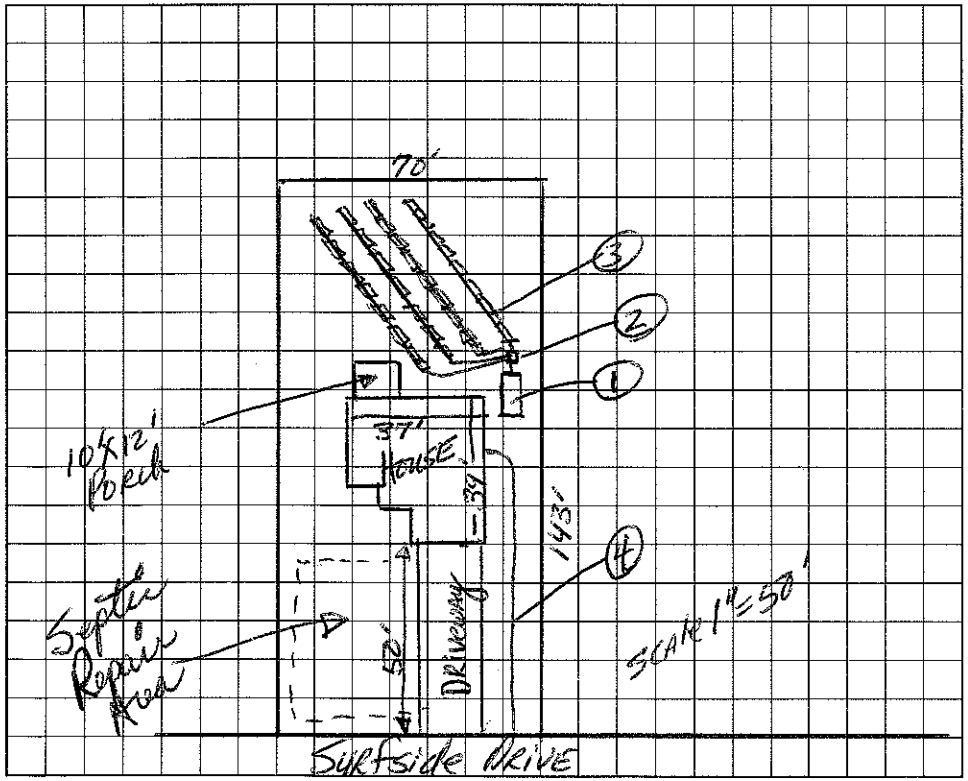
☐ Other ____ Other ____

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

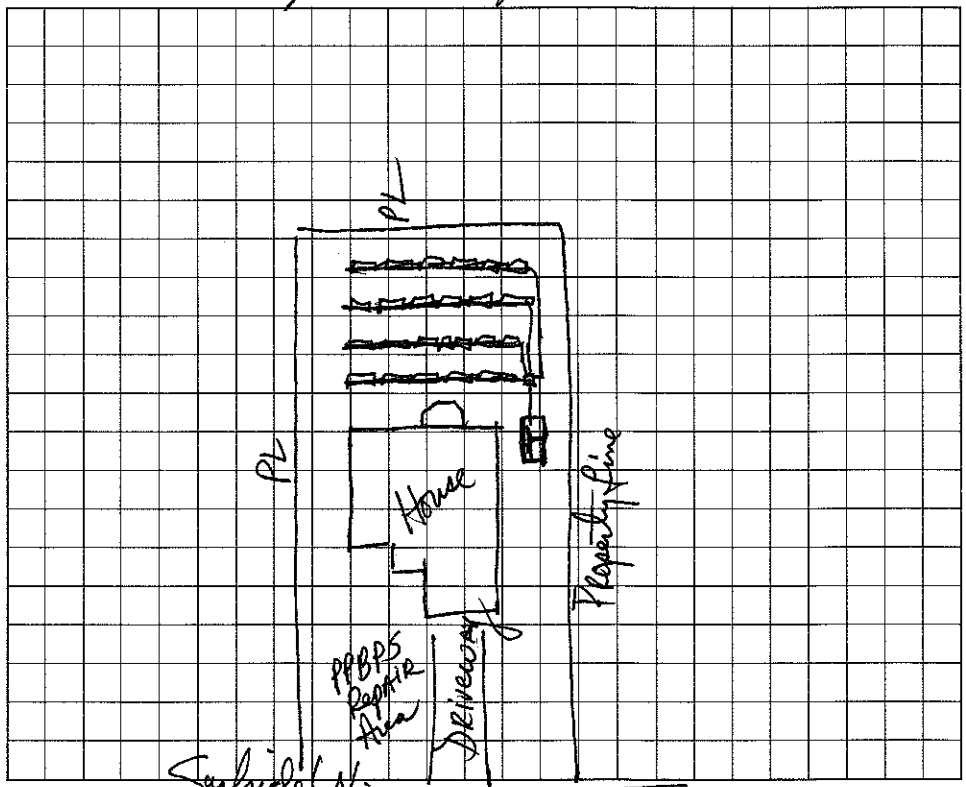
Comments (1) Septic Tank ; (2) D-box w/ Speed levelers , (3) GRAV. 16" PPBPS LATERALS (4) Water Line -10' minimum from septic system

Deck not constructed at time of septic system completion

**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 Mrs Grant C Williams Sr.

Improvement Permit by: Jarrell R Hinson RS date 6/7/93

Existing System Inspection by: ____ date ____

Installed by: Richard Abernathy

Certificate of Completion by: ____ date ____

Operation Permit by: Jarrell R Hinson RS date 2/22/94

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