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. 16424 DATE June 7, 93 TAX MAP NO. 2666A 76

OWNER OR CONTRACTOR Lynn Williams Carlson PHONE: ~~Business~~ 435-79-4334 Home 664-7476

ADDRESS Rt 9, Box 555A, Mooresville

LOCATION SR 1106 to SR 1113 to 2nd 1212 to JR Surfside DR. on left NEAR end

SUBDIVISION Commodore Peninsula BLOCK / SECTION _____ LOT 76 LOT AREA 70 x 143' SITE CLASS PS per 1996 L.T.A.R. .3 gal/ft²/day

Water Supply: ☐ Individual ☑ Community ☐ Public (ACP) 1500gal

Septic Tank: ~~1000~~ Gallons; STB 780 GCS Date 10-18-93

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: gravity 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

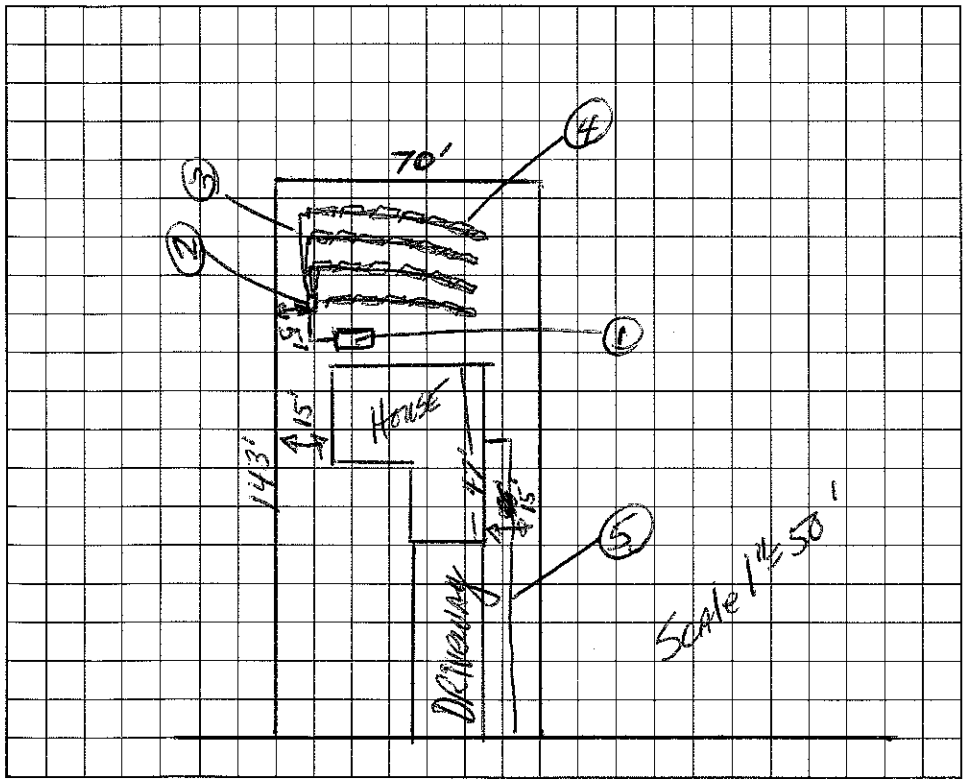
☐ Other _____ Other _____

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

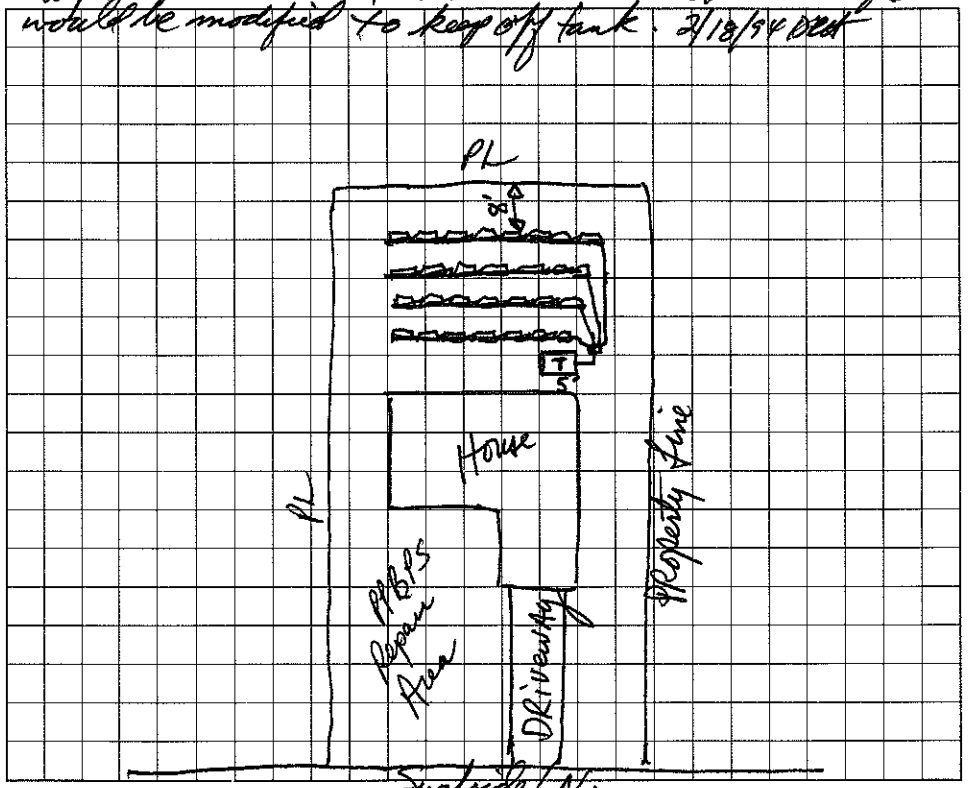
Comments ① Septic TANK, ② 1-box w/ speed levelers, ③ SCH 40, ④ 16" PPBPS Lateral, ⑤ Water Line - 10' min. from septic system

Plumbing stubbed out differently than shown on initial sketch. Builder (Grant Williams Jr) indicated there would be no problem with this, and deck and steps would be modified to keep off tank. 2/18/94 DEH

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~~ Mrs Grant Williams Sr.

Improvement Permit by: [signature] date 6/7/93

Existing System Inspection by: _____ date _____

Installed by: Richard Abernathy

Certificate of Completion by: _____ date _____

Operation Permit by: [signature] date 2/18/94

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