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. 17857 DATE Feb. 24, 94 TAX MAP NO. 2G 7A 246 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Buddy G. Goforth PHONE: Business 664-3825 Home L.N.

ADDRESS 110 Queens Rd, Mooresville

LOCATION 4100 TL 1112 TR Marina Lane 5th lot on Left 4636-50-4662

SUBDIVISION Commodore Peninsula BLOCK / SECTION 2 LOT 246 LOT AREA 10,000 sf SITE CLASS B per #956 DESIGN FLOW 240 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 744 Bedrooms Date 4-26-94

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ____ Linear Feet 135+

No Lines 3 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: gravity PPBRS

Repair System Description: grav. & LP PPBRS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

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

Water Supply: ☐ Individual ☑ Community ☐ Public

Comments: Follow contour w/ laterals .10' minimum separation between water line and septic system.

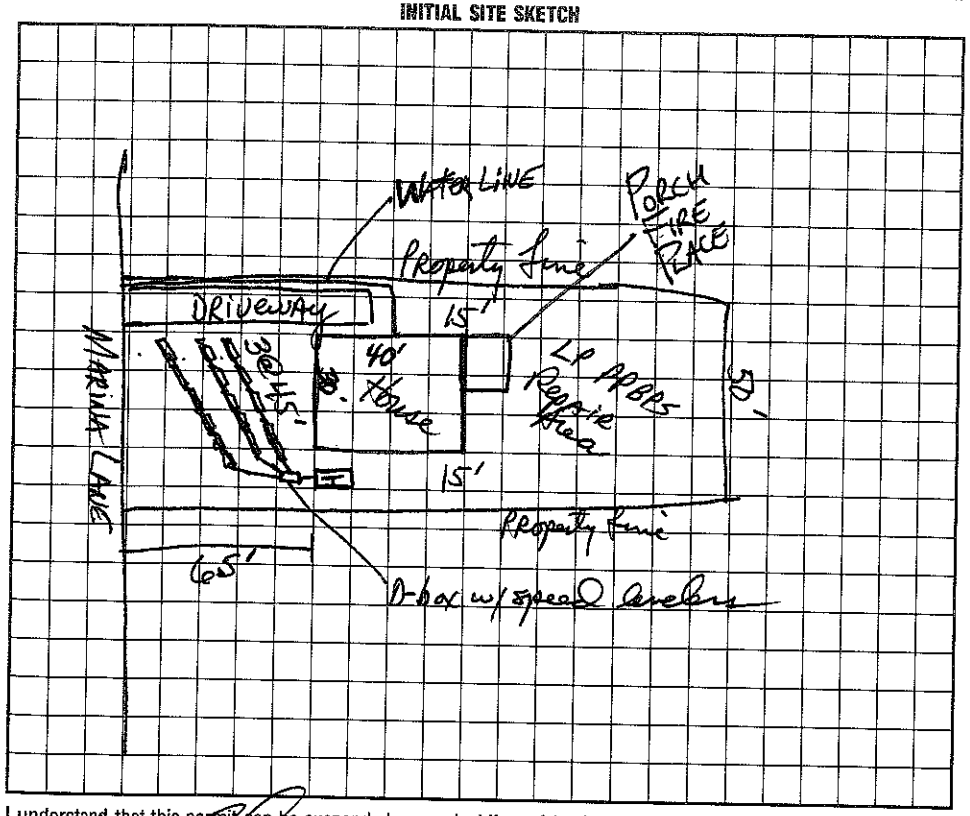
Comments: The proposed / existing PORCH & FIRE PLACE addition does not appear to impact the existing septic system.

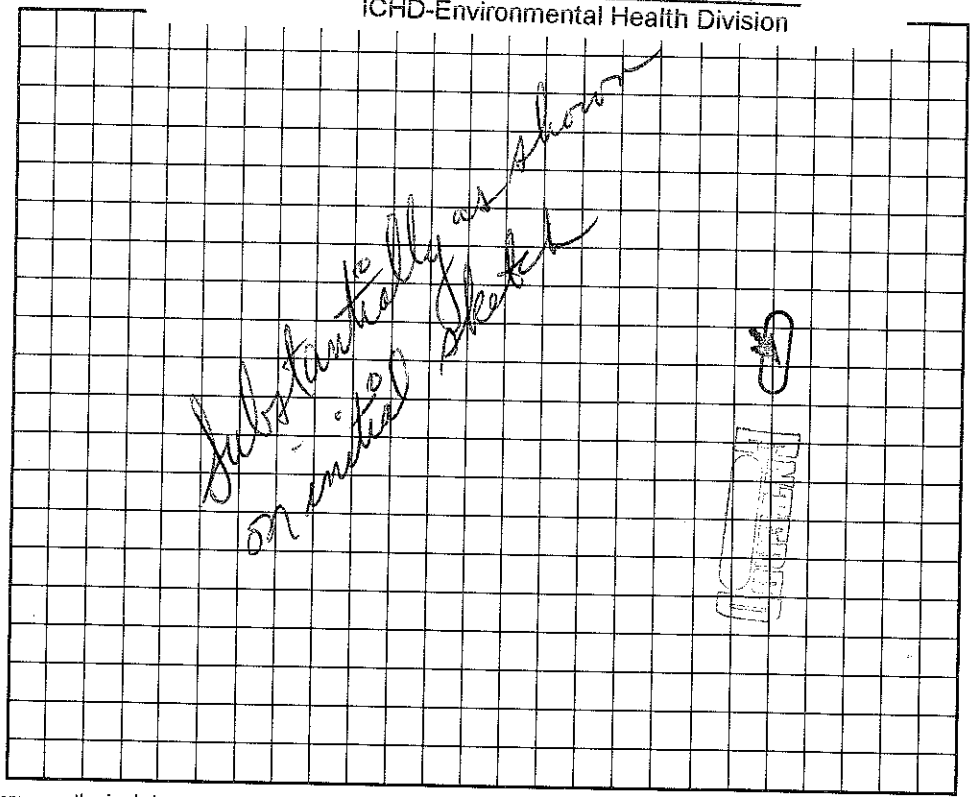
**NOTE: ____ R.S.

Date: APPROVED MAY 02 2014

ICHD-Environmental Health Division

INITIAL SITE 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: ____ date 2/24/94

Existing System Inspection by: ____ date ____

Installed by: J.K. Bowles

Certificate of Completion by: ____ date ____

Operation Permit by: ____ date 7/13/94

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