PIN# 4636-63-5824 COPY

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. 19842 DATE 12/19/94 TAX MAP NO. 2K-2L-A-5 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR James Clark Jr. PHONE: Business _____ Home 663-6710

ADDRESS 1018 S Magnolia St Mooresville, NC. 28115

LOCATION Bridal Path Ln., Brawley School Rd Stubbs ② on Bridal Path at Lawn to end, ⓛ center of culdesac

SUBDIVISION Bridal Path Pt BLOCK / SECTION 1 LOT 5 LOT AREA .793 SITE CLASS. P DESIGN FLOW ~~480~~ 360 GPD L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date _____

Pump Tank: 1000 Gallons; PT 29 Date _____

Pump Make: Gould Model WE03 Serial No. E95316300

Nitrification Field: No Fields 1 Square Feet 400 Linear Feet ~~533~~ 200

No Lines 4 Trench Width 2' Max Trench Bottom Depth 36" Gravel Depth 6" Stone

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

System Description: 14" Pressure Manifold Pump Tank

Repair System Description: Same

Maintenance Agreement Required: ☑ Yes ☐ No 5 YR.

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3.5

☐ Business No. Employees _____

☐ Other _____

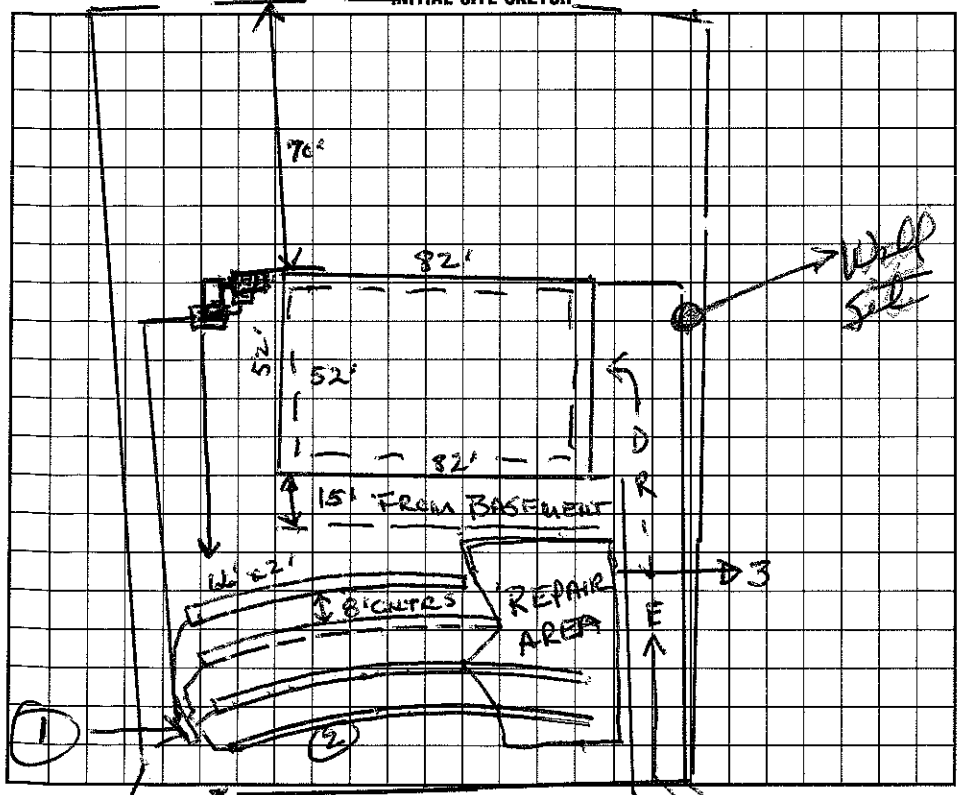
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Community
☐ Public

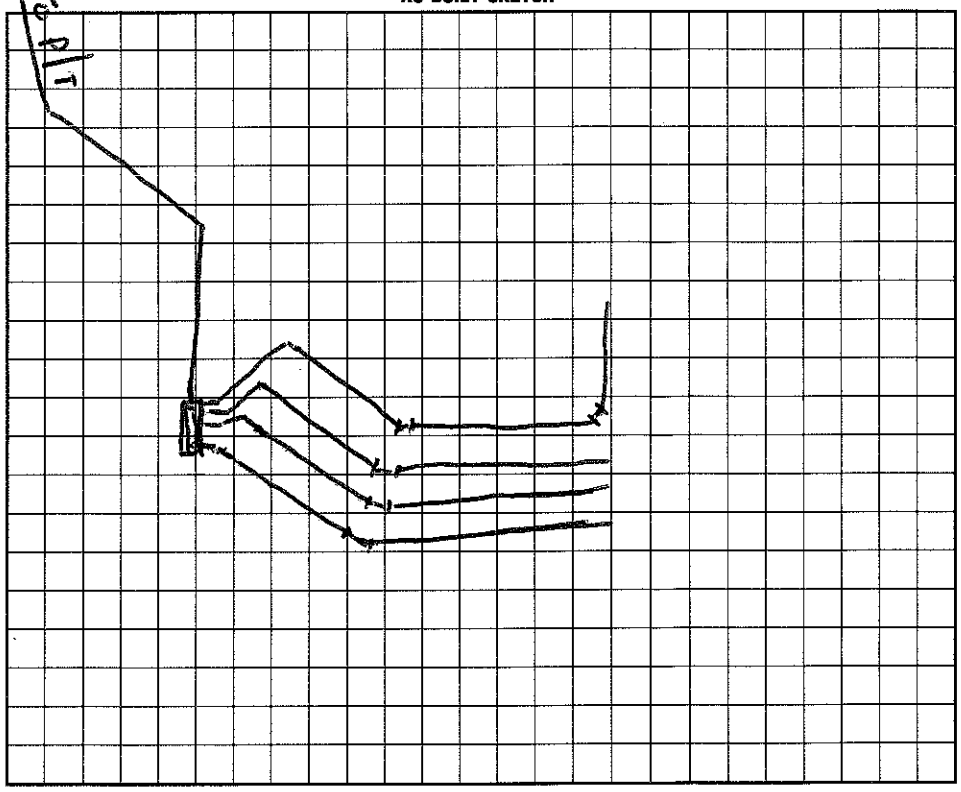
Comments: ① Pressure Manifold ② ~~Hill Pump~~
③ Repair area mechanical may involve Easement to adjoining property.

Comments: Grinder Pump Station

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: Wesley Sparks RS. date 12/19/94

Existing System Inspection by: _____ date _____

Installed by: Bob Mayhew

Certificate of Completion by: Wesley Sparks RS. date 9/14/95

Operation Permit by: _____ date _____

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