IREDELL COUNTY HEALTH DEPARTMENT

→ AUTHORIZATION TO CONSTRUCT (1600)

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 065689 DATE 4/7/97 TAX MAP NO. 4636950099 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR MILESTONE BUILDERS PHONE: Business 4636950099 Home 875-8481

ADDRESS 522 RIVER HWY, MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL RD - TL CANVASBACK RD - TL BROADBILL DR - 3RD LOT ON RT

SUBDIVISION WOODLAND HILLS BLOCK / SECTION 8 LOT 110 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. .36PD/FT2

Septic Tank: 1000 Gallons; STB 1009 Date 11/13/00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: GRAVITY CONVENTIONAL

Repair System Description: CHAMBERED OR SIMILAR TYPE

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

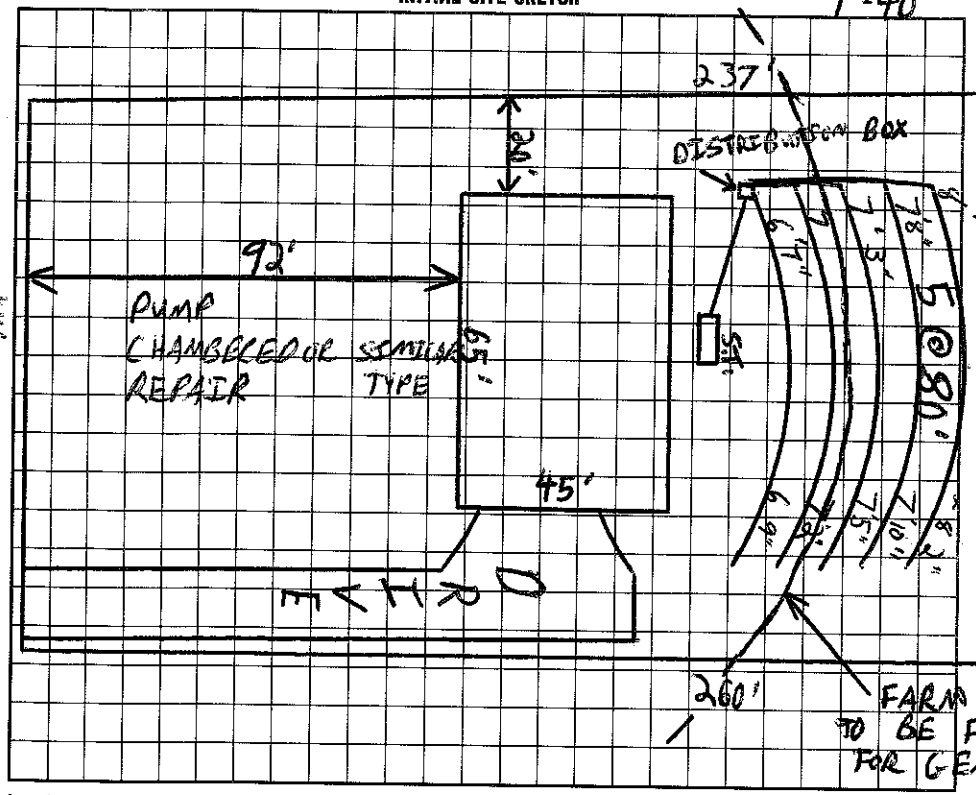
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

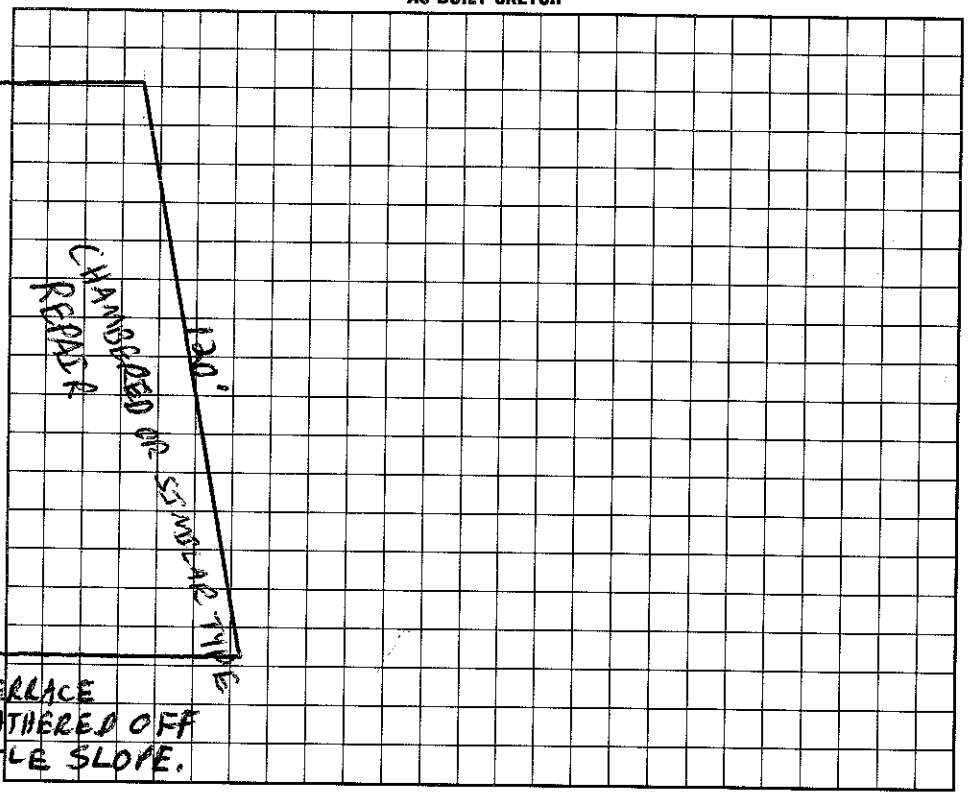
Comments: SET DISTRIBUTION BOX LEVEL FEEDING EACH LINE EQUAL WITH SPEED LEVELERS.

Comments:

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: Ron Lehr for Milestone Builders

Improvement Permit by: C. Ray Freeman EHSL date 4/7/97

AUTHORIZATION TO CONSTRUCT

~~Existing System Inspection~~ by: C. Ray Freeman EHSL date 4/5/97

Installed by: WAYNE CLONTZ

Certificate of Completion by: _____ date _____

Operation Permit by: C. Ray Freeman EHSL date 3/29/00

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