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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. 17348 DATE October 15, '93 TAX MAP NO. 2L 7047

OWNER OR CONTRACTOR Phillip Bertok PHONE: Business Home 664-3924

ADDRESS 776-601 White Oak Rd. Mooresville

LOCATION 15 W TL Quail Cove Lane ~½ mile on left

SUBDIVISION Spring Acres BLOCK / SECTION LOT 47 LOT AREA ~20,850ft² SITE CLASS. 5 pr 1956 L.T.A.R. .3 gal/ft²/day

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 525 RST Date 5-2-94

Pump Tank: Gallons; PT Date

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

No Lines 4 Trench Width 36" Trench Depth 24" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: SAME OR LPP PBPS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3/2

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

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

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

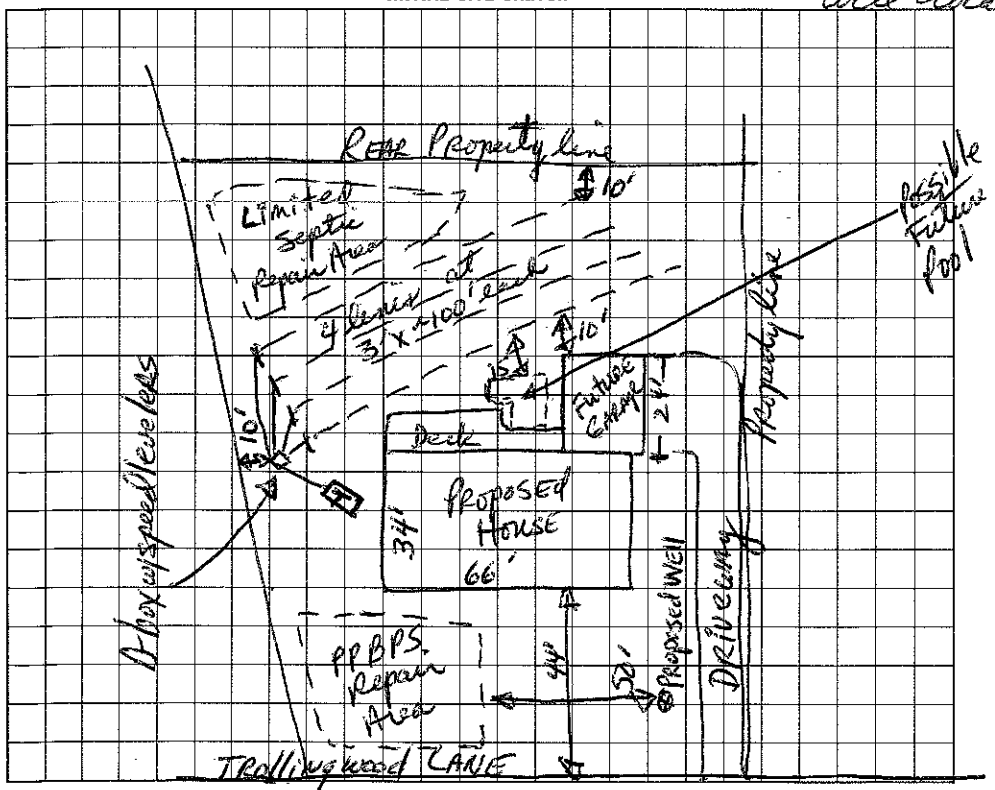
Auto. Washing Machine: ☑ Yes ☐ No

Other

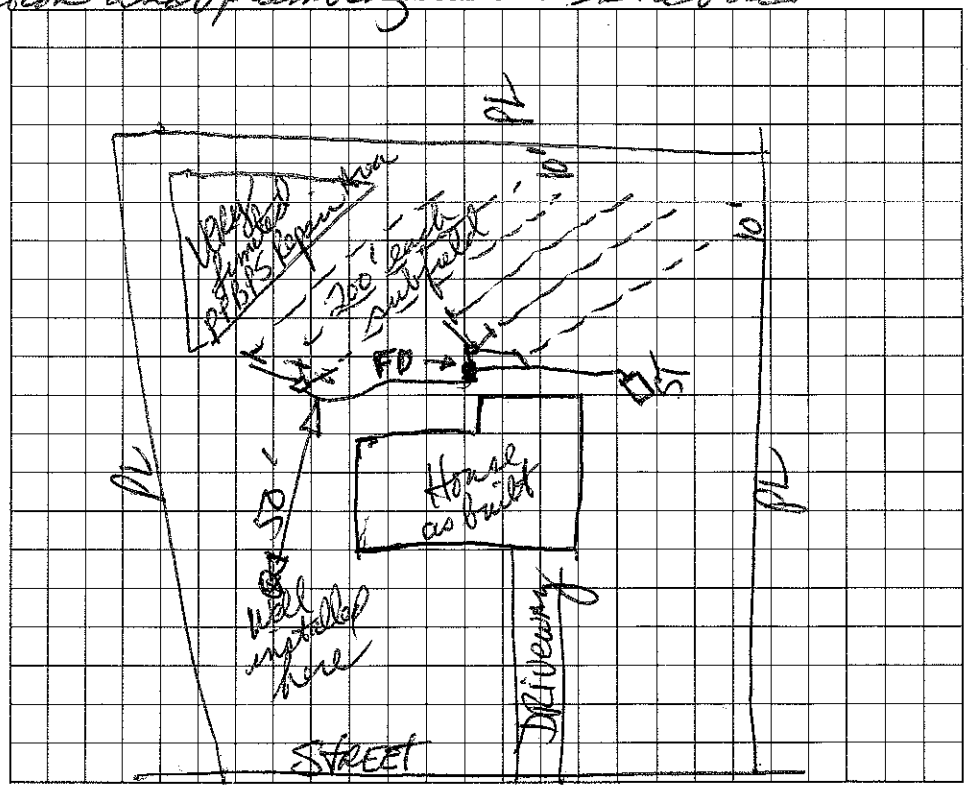
Comments: Proposed pool location needs to be closer to house than shown on submitted drawing unless a PPBPS system is utilized for entire system. Follow contour w/ interception fabrics

6/23/94 Changes necessary in system layout due to well location and plumbing as built sketch attached

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: [signature]

Improvement Permit by: [signature], RS date 10/15/93

Existing System Inspection by: date

Installed by: [signature]

Certificate of Completion by: [signature], RS date 6/23/94

Operation Permit by: date

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