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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. 20654 DATE April 5, 195 TAX MAP NO. 2L7041 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Lynette Edwards PHONE: Business _____ Home 663-6063

ADDRESS 140 Rocky River Rd, Mooresville

LOCATION I-50 W & TL Quiet Cove Rd on left

SUBDIVISION Spring Acres BLOCK / SECTION _____ LOT 41 LOT AREA .82Ac SITE CLASS 35 DESIGN FLOW 360gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 794 Date 9/22/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth ~24" Gravel Depth _____

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

System Description: gravity Infiltrator

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

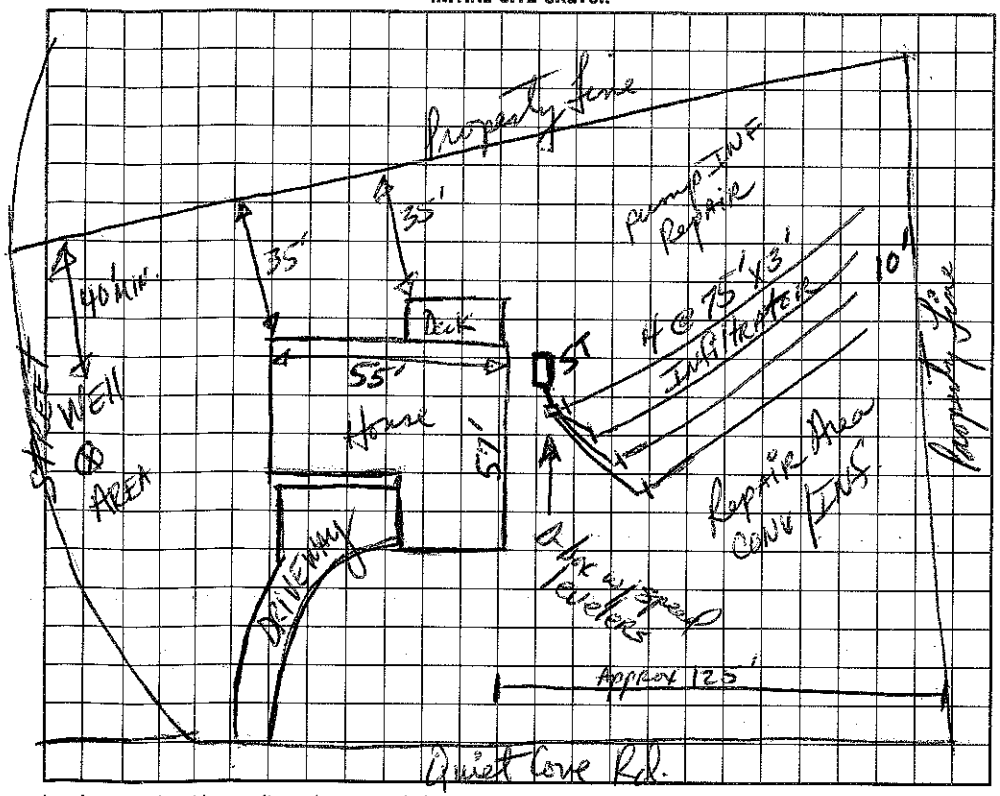
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

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: Lynne Edwards by Kim Hall

Improvement Permit by: Jack Lyman, RS date 4/5/95

Existing System Inspection by: _____ date _____

Installed by: Larry Beam

Certificate of Completion by: Wesley Sparks RS date 12/21/95

Operation Permit by: Wesley Sparks RS date 12/21/95

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