4638 17 1866

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. 15980 DATE 11/12/93 TAX MAP NO. 2554 A 72 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR THOMAS E GRAHAM PHONE: Business _____ Home _____

ADDRESS BROADVIEW CIR. MOORESVILLE, NC.

LOCATION FERN HILL TOWARDS LAKE, TL ON BROADVIEW CIR 1ST TRAILER (DRIVE) ON (L)

SUBDIVISION CL+T BLOCK / SECTION 15 LOT 72 (POPE) SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: 1000 Gallons; STB 825 Date 10-1-93

Pump Tank: 1089 Gallons; PT 47 Date 10-1-93

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 200

No Lines 3 Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: ADDITION TO ORIGINAL

Repair System Description: 16" PANEL BLOCK

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: LAKE

FILL AREA

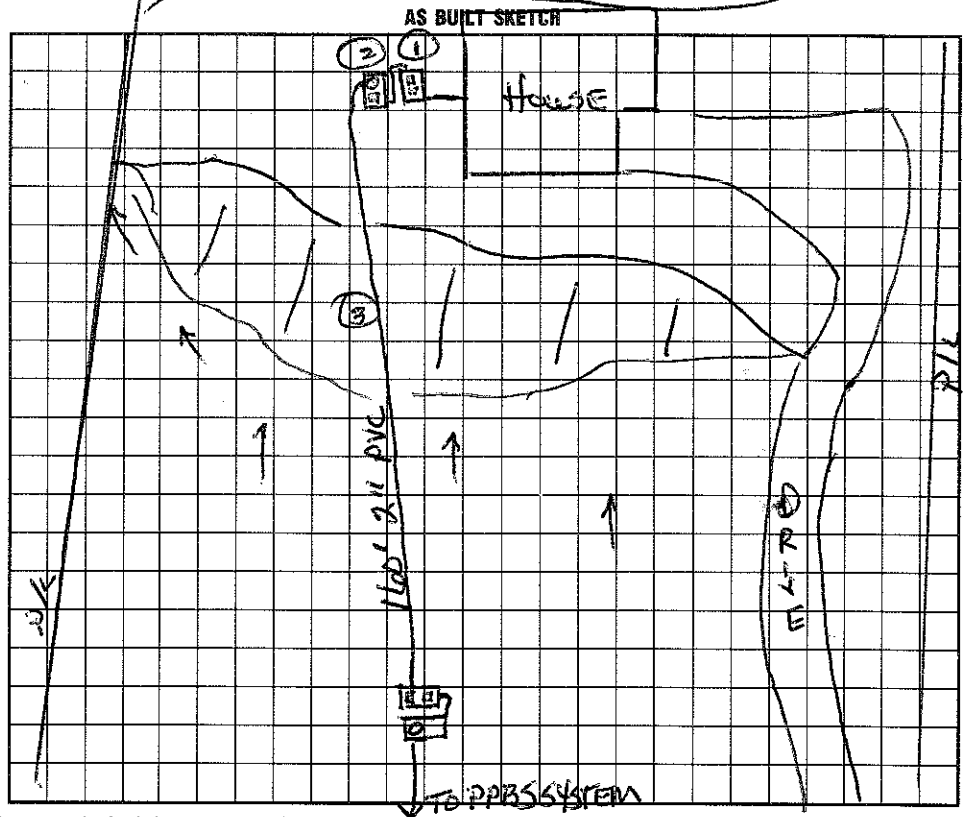
~~INITIAL SITE SKETCH~~ Remarks

Pump to existing pump system for MH now on property.

MH to be removed when house is completed.

Repair Area Minimal above the 16" panel drainfield.

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: _____ date _____

Existing System Inspection by: _____ date _____

Installed by (1)(2)(3) Richard Bloomquist

Certificate of Completion by: Wesley Sparks RS date 11/12/93

Operation Permit by: _____ date _____

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