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. 16563 DATE 6/30/93 TAX MAP NO. 2P-4-A-187

OWNER OR CONTRACTOR ROBERT R CAHILL PHONE: Business 4638-43-7619 Home 663-4477

ADDRESS Rt 4 Box 75F MOORESVILLE, NC. 28115

LOCATION CORNER OF NORMANDY RD. AND AMELIA AVE. ON (R)

SUBDIVISION LN AIRPARK II BLOCK / SECTION ____ LOT 31 LOT AREA 1.02 AC SITE CLASS. P L.T.A.R. .35 - .4

Water Supply: ☐ Individual ☐ Community ☐ Public

Septic Tank: 1060 Gallons; STB 825 Date 8-10-93

Pump Tank: ____ Gallons; PT ____ Date ____

Nitrification Field: No Fields ____ Square Feet 1028 Linear Feet 345

No Lines 3 Trench Width 36" Trench Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL

Repair System Description: CONVENTIONAL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

☐ Other ____

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

Garbage Disposal: ☐ Yes ☑ No

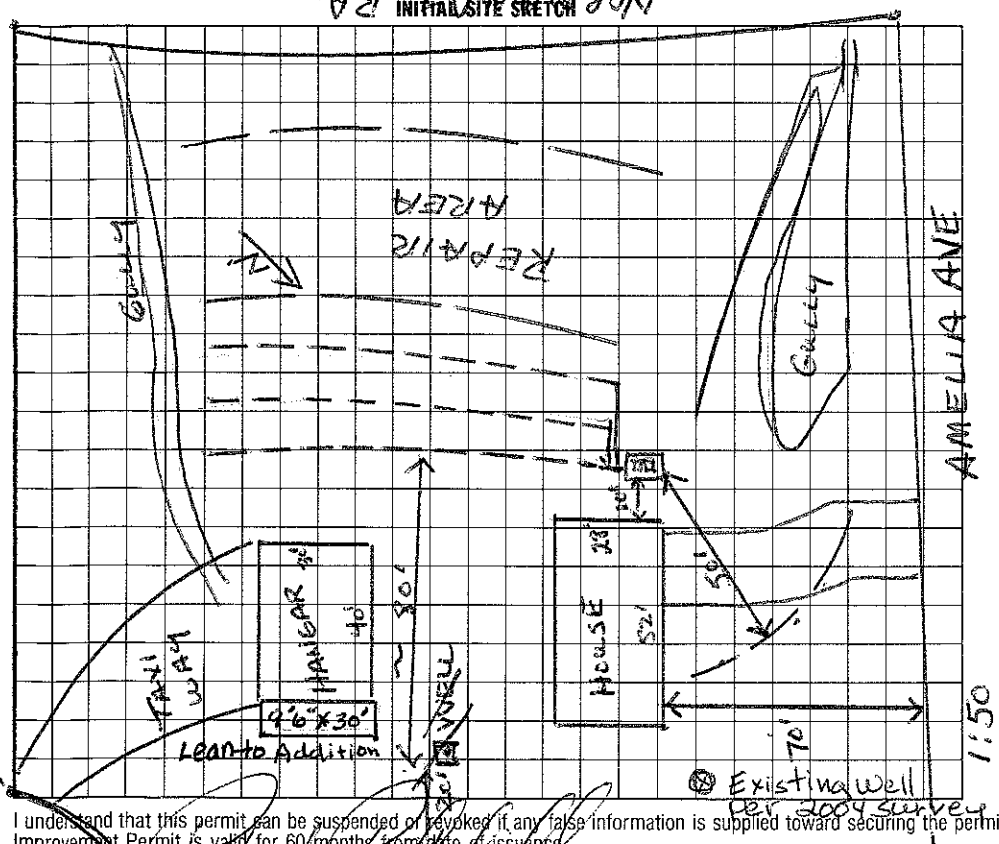
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

Other ____

Comments Drainfield not in any gullied or depressed areas. Contours are very different for each drainline. Trenches may be 36" deep to trench bottom. Repair area must be left as shown here.

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS DRAWN.

The location of the proposed Hangar Lean-to addition does not appear to impact the existing septic system.

**NOTE: ____

Judy Melville REHS

Date: March 4, 2011

ICHD-Environmental Health Division

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: Robert R. Cahill

Improvement Permit by: Wesley Sparks R.S. date 6/30/93

Existing System Inspection by: ____ date ____

Installed by: Tim Ammons

Certificate of Completion by: Wesley Sparks R.S. date 9/30/93

Operation Permit by: ____ date ____

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