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. 19484 DATE 12/22/94 TAX MAP NO. 2P-A-14 Pt of. Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Thomas S Wilson PHONE: Business _____ Home 663-5115

ADDRESS Rt 11 Mooresville, NC 28115 PIN: 4638638660

LOCATION Normandy Rd off Perth, thru dip to 2nd house R

SUBDIVISION Rural Acres Estates BLOCK / SECTION _____ LOT 2 LOT AREA 21.05 Ac. SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 1/19/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 4 Square Feet 1200 Linear Feet 400 (200)

No Lines 4 x 5 Trench Width 2' Max Trench Bottom Depth 24" STAND. Gravel Depth 6" STAND.

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

System Description: Drip Trench

Repair System Description: Trench Panel

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

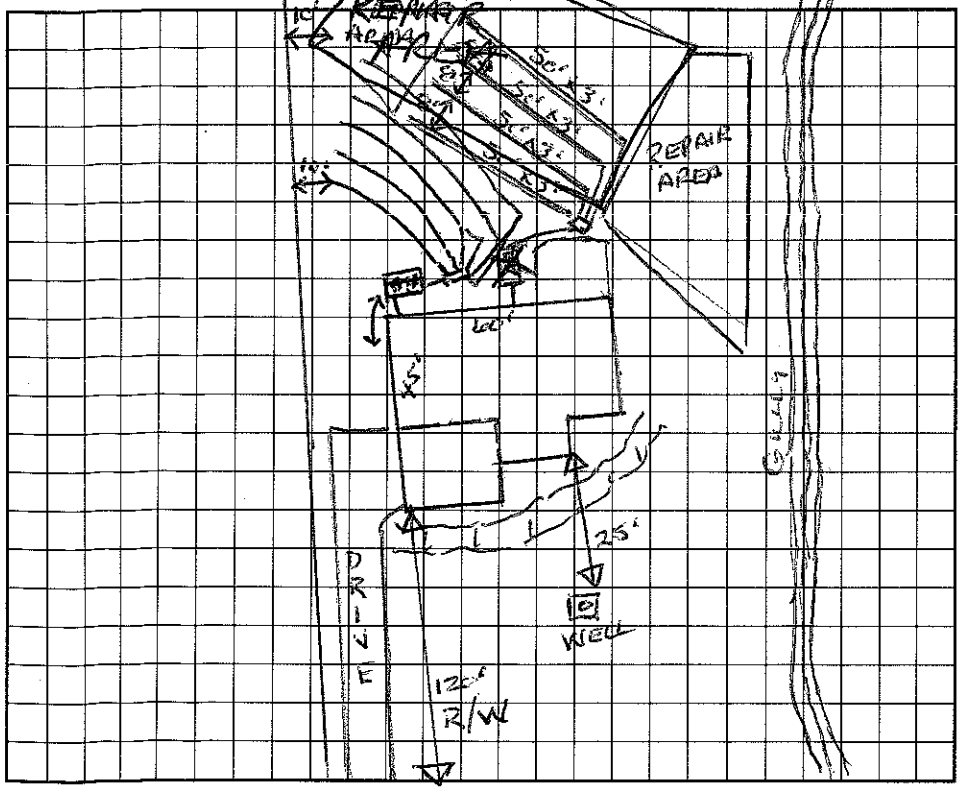
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

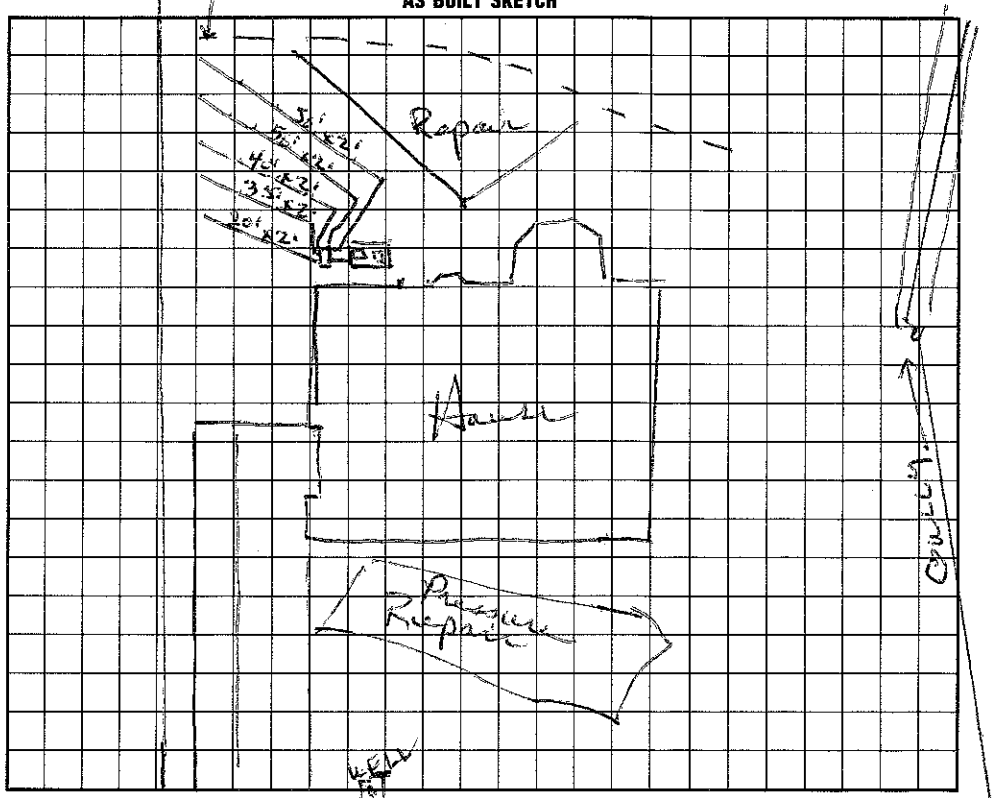
Comments: 1/17/95 S/T LOCATION CHANGED DRAINFIELD MAY CONSIST OF UPTO 5 SHORTER PANEL LINES IN DIRECTION SHOWN. 160 CONTOUR

Comments: 50, 50, 40, 35, 20 160 CONTOUR 5%

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: X Sandy Murray

Improvement Permit by: Wesley Sparks RS date 12/22/94

Existing System Inspection by: _____ date _____

Installed by: F T Ervin

Certificate of Completion by: Wesley Sparks RS date 3/24/95

Operation Permit by: _____ date _____

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