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. 17968 DATE JULY 22, 1994 TAX MAP NO. PT OF 2P-A-14A

OWNER OR CONTRACTOR MARK QUEEN Watershed: ☐ Yes ☐ No

ADDRESS 630 EMERSON DRIVE, MOORESVILLE NC 28115 ~~PHONE: Business~~ 4638-64-0211 Home 663 4535

LOCATION AT SW CORNER OF INTERSECTION OF NORMANDY RD + HUGHES HWY -

SUBDIVISION LAKE NORMAN AIR PARK BLOCK / SECTION I LOT 54 LOT AREA 21,780 MIN SITE CLASS. P DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 825 Date 5/6/96

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 2 Square Feet 4 Linear Feet 533'

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

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

System Description: gravity conventional

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ______

☐ Other ______

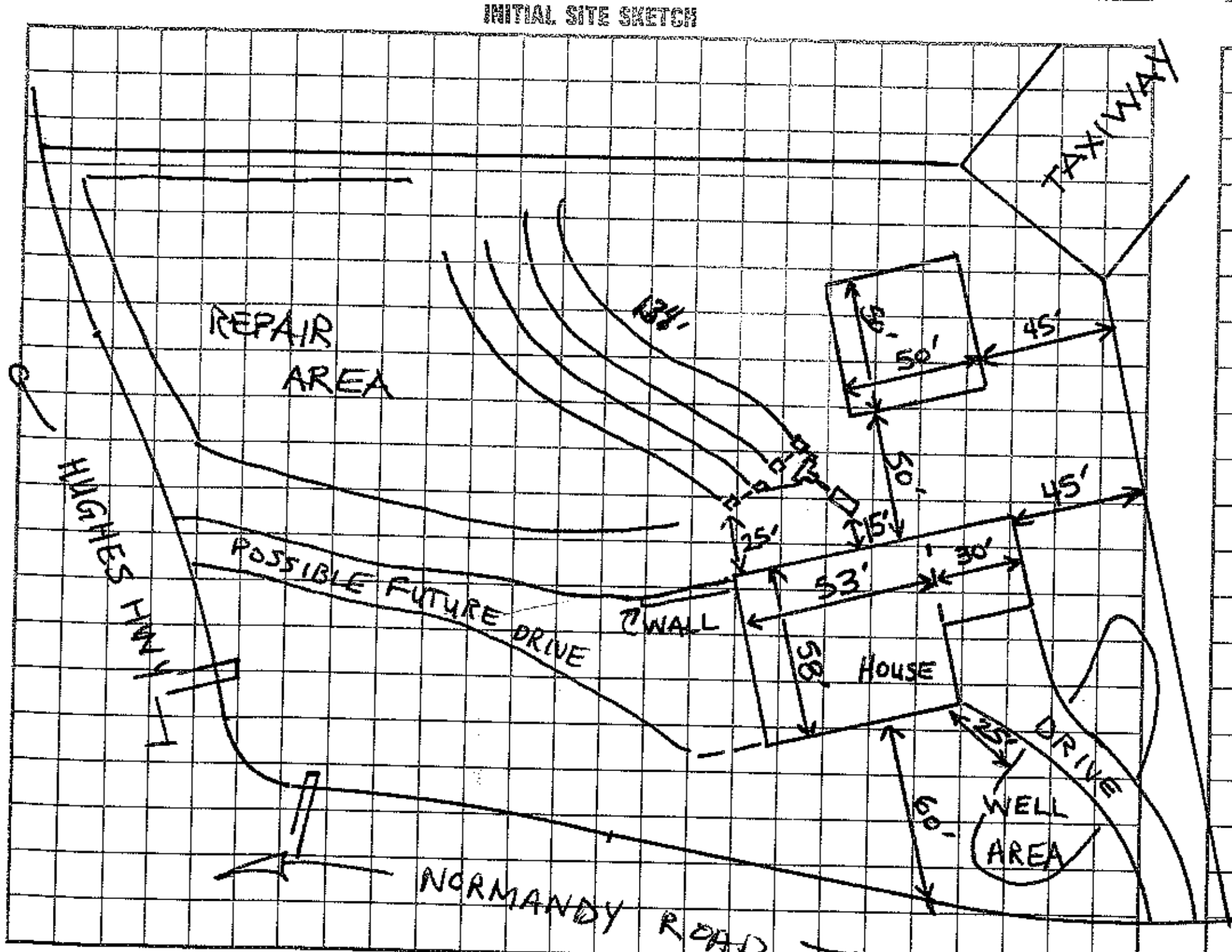
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

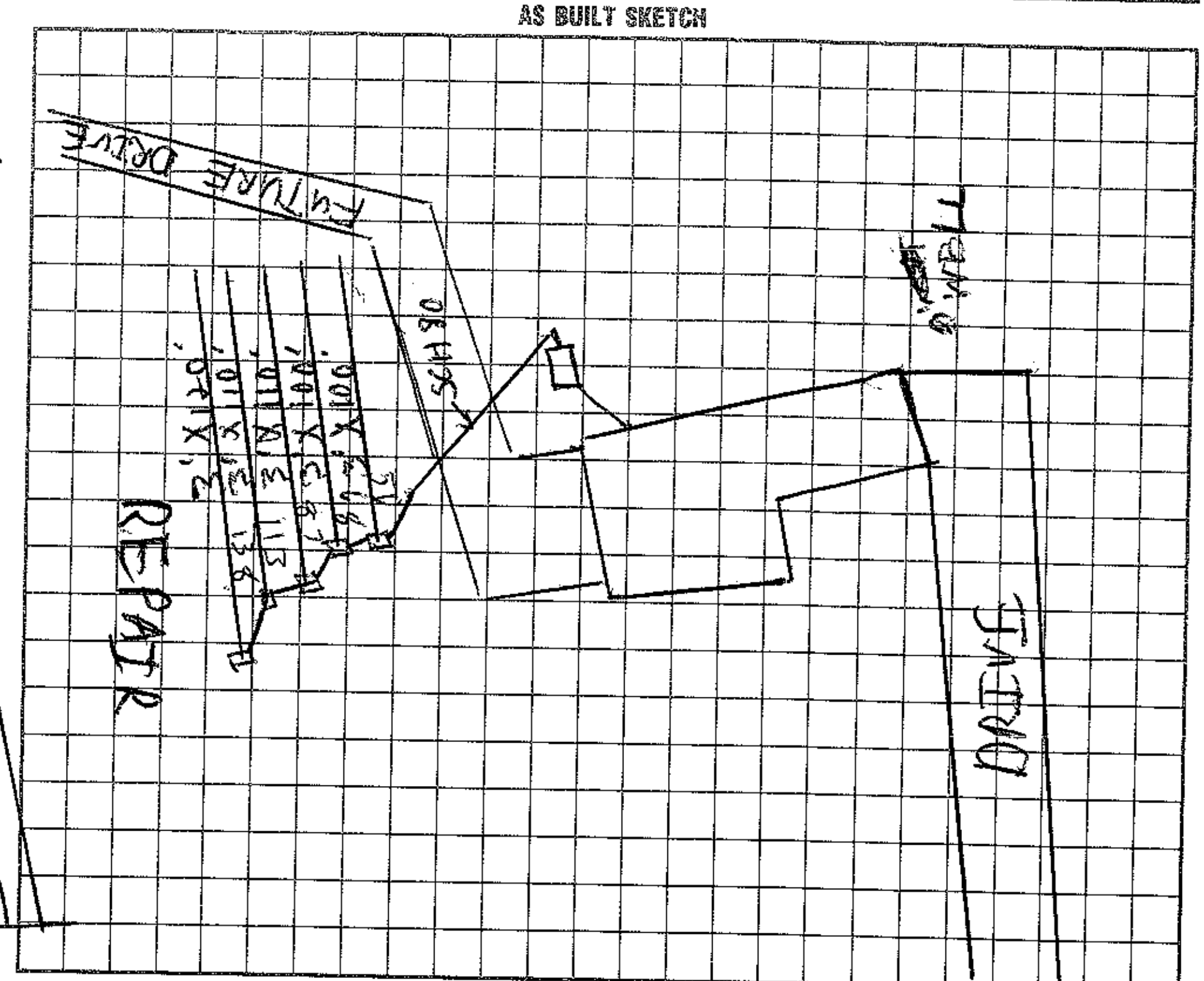
Comments: OR 6 LINES AT 89' EACH, 3 LATERALS PER SET. DO NOT INSTALL DURING WET SOIL CONDITIONS. CONTACT DEPT PRIOR TO INSTALLATION TO CONFIRM LAYOUT. WELL SETBACKS MIN 25' TO BLDG FOUNDATION + 50' TO SEPTIC SYSTEM.

Comments: Approved to go beside house 7/22/94

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: Mark Queen

Improvement Permit by: Andrea Lemon date 7-22-94

Existing System Inspection by: ______ date ______

Installed by: Delbert Bostian

Certificate of Completion by: ______ date ______

Operation Permit by: [signature] ISHST date 7/25/96

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