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. 21819 DATE 4/7/95 TAX MAP NO. 2-5 5A 17 Watershed: [X] Yes [ ] No

OWNER OR CONTRACTOR Jeff Conner PHONE: Business Home 522-6612

ADDRESS 319 Kenway Loop Mooresville, NC 28115 4659-30-7833

LOCATION Fern Hill TL on 1st Kenway on (L) at flared

SUBDIVISION CL+T BLOCK / SECTION 15 LOT 1032 LOT AREA .90 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .4

Septic Tank: ____ Gallons; STB ____ Date ____

Pump Tank: Existing Gallons; PT Septron Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines ____ Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

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

System Description: Existing Septron

Repair System Description: ____

Maintenance Agreement Required: [X] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 3.5

[ ] Business No. Employees ____

[ ] Other ____

[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

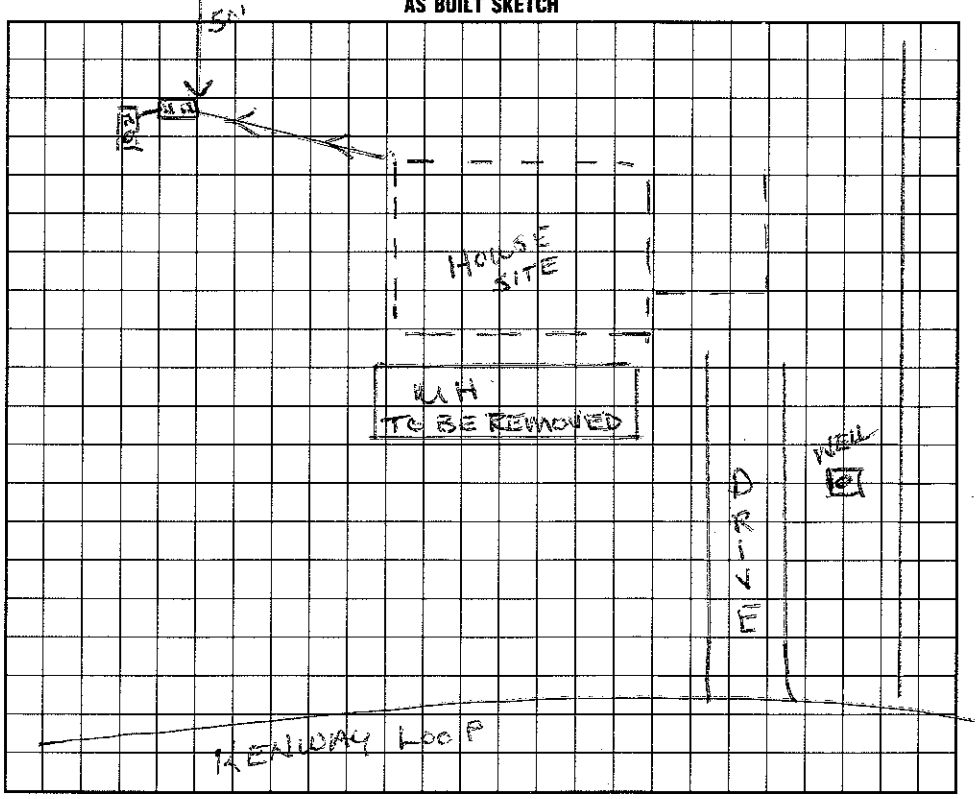
Water Supply: [X] Individual [ ] Community [ ] Public

Comments:

Comments: LAKE

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.

Signed: ____

Improvement Permit by: ____ date ____

Existing System Inspection by: Wesley Sparks RS. date 8/7/95

Installed by: ____

Certificate of Completion by: ____ date ____

Operation Permit by: ____ date ____

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