(2.30)

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. 20738/86613 DATE 4-3-95 TAX MAP NO. ~~25-5-A-20~~ 4639313177 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR T. W. Steele PHONE: Business _____ Home 528-4678 WS IV CA

ADDRESS 381 Kenway Loop Mooresville

LOCATION From TR Perth Church Rd TL Fern Hill TL Kenway Loop on left on water

SUBDIVISION Lake Norman BLOCK / SECTION 15 LOT 20 LOT AREA 1.49 acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 4/3/97

Pump Tank: 1000 Gallons; PT 27 Date 10/21/97

Pump Make: _____ Model _____ Serial No. 300*

Nitrification Field: No Fields ___ Square Feet 900* Linear Feet ~~200~~

No Lines 3 Trench Width 24" Max Trench Bottom Depth 32" Gravel Depth N/A

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

System Description: ~~Pressure dosed Manif~~ "

Repair System Description: " "

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ___

☐ Other _____

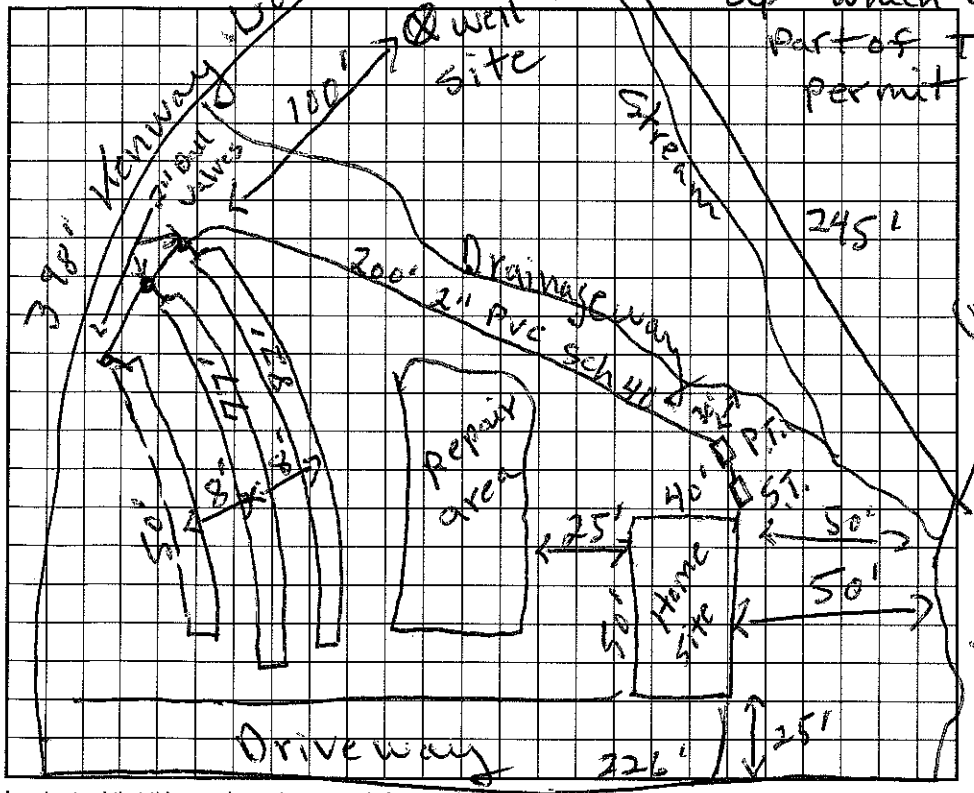
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: use Pump that would require 20 gal/minute at 40' Total Head See Attached Sheets for Pump Tank set up Pressure Line set up which are part of This permit

Comments: *8/6/97 - Changed to 300' of CH Plastic with Pressure Manifold

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: T. W. Steele

Improvement Permit by: L. C. Moore date 4-3-95

Existing System Inspection by: _____ date _____

Installed by: FJ ERVIN

Certificate of Completion by: Wesley Sparks RS. date 1/13/00

Operation Permit by: _____ date _____

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