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. 6785 DATE May 24 '95 TAX MAP NO. part of 2B132 4644 08 0327 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Jerry Moss PHONE: Business Home

ADDRESS PO Box 1370 Cornelius

LOCATION 115 S. to Langtree Tr. R Nopiew on right

SUBDIVISION Kenilworth BLOCK / SECTION LOT 10 LOT AREA 35828 ft² SITE CLASS. B Spec 136 DESIGN FLOW 480 gpd L.T.A.R. 2.3

Septic Tank: 1000 Gallons; STB 744 Bellinger Date 2-13-95

Pump Tank: 1000 Gallons; PT 27 Bellinger Date 3-30-95

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet ~1860 Linear Feet ~620

No Lines 10 (9 taps) Trench Width 36" Max Trench Bottom Depth Gravel Depth 12"

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

System Description: Conventional field - pump manifold

Repair System Description: LPP BBS

Maintenance Agreement Required: ☐ Yes ☑ No unbelievably

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 3½ No. Employees

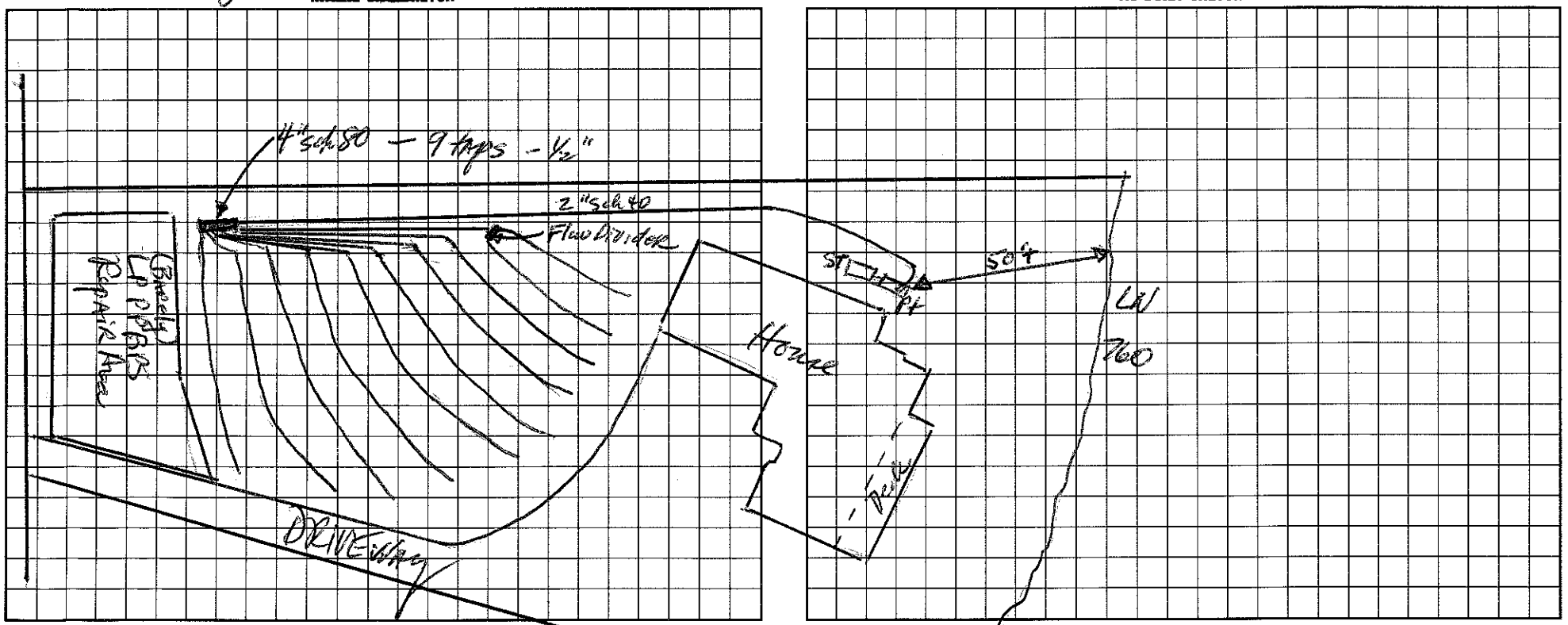
☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

Comments: Laterals were not installed on contour resulting in shorter lengths and more laterals. Additional trench added upslope to compensate for narrow spacing on end lower trenches.

Comments: The two shortest trenches (closest to house) fed w/ one tap and split w/ flow divider. Extra soil placed at ends of most trenches to compensate for shallow trench ends. Some laterals exit from manifold.

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: Installed by: A. Cornelius Grading

Improvement Permit by: date Certificate of Completion by: date

Existing System Inspection by: date Operation Permit by: date 6/19/95

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