IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

4645 09 4495

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. _____ DATE 3/30/94 TAX MAP NO. _____ Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR John McAlpine PHONE: Business _____ Home _____

ADDRESS 110 Lakefront Drive, Mooresville, NC 28115

LOCATION Alcove, Rt on Templeton, Lf on Lakefront Lot on Lf

SUBDIVISION RA White BLOCK / SECTION _____ LOT 13 LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: Exist Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 945 Linear Feet 155'

No Lines 3 Trench Width 9'on3 Max Trench Bottom Depth 36" Gravel Depth 18"

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

System Description: Conventional Gravity

Repair System Description: Future Mst Pump to Front

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

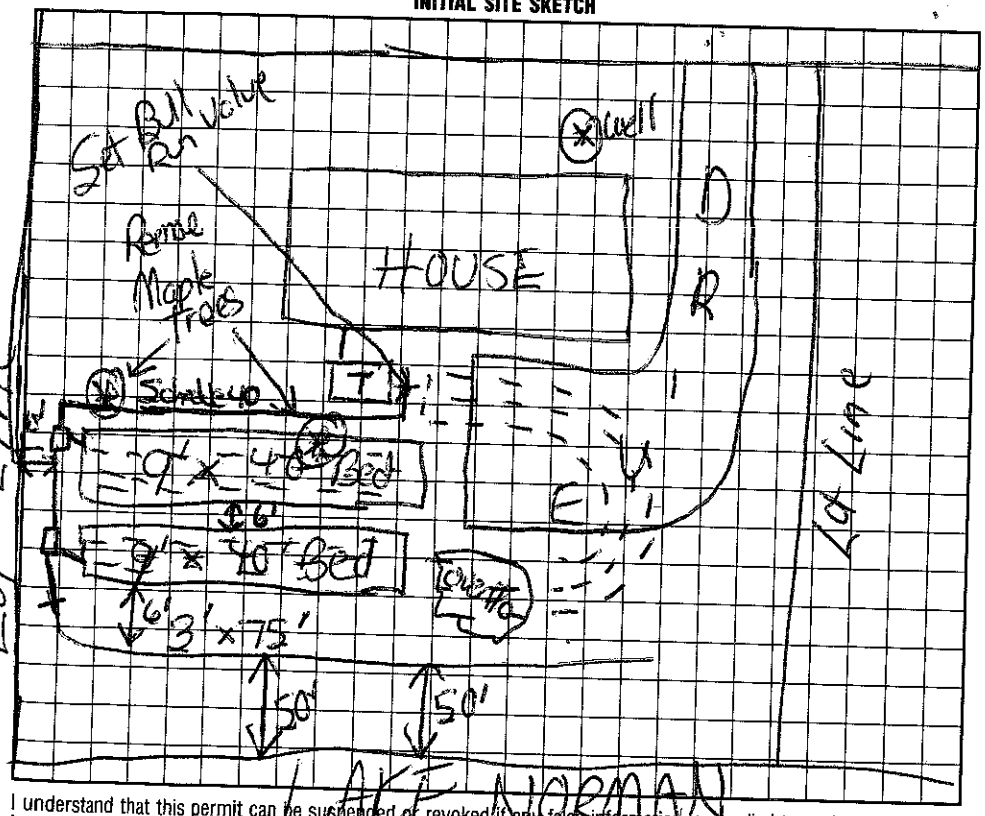
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public in front

Comments: Set Bull Run Valve and Feed New Lines First
2 Beds 9'x40' - Keep 6' minimum between Beds,
Then 3'x75' Trench. Drop Box Distribution
Keep 10' From all lot lines

Comments: ✓ Installed as shown.

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: _____

Improvement Permit by: _____ date 3/30/95

Existing System Inspection by: _____ date _____

Installed by: E J Environ

Certificate of Completion by: Wesley Sparkman date 5/16/95

Operation Permit by: _____ date _____

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