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. 19817 DATE 11/30/94 TAX MAP NO. 2A-6-A-4/4645-23-7119 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Bradley W. McLanahan PHONE: Business _____ Home 864-9795

ADDRESS 1852-D Robinwood Rd. Mooresville, NC.

LOCATION Carsons Place off Langtree Rd.

SUBDIVISION Carsons Place BLOCK / SECTION _____ LOT 9 LOT AREA ~3/4 Ac. SITE CLASS. P DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1000 Gallons; STB 799 Date 6/26/95
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1371 Linear Feet 457
No Lines 4 Trench Width 36" Max Trench Bottom Depth 30-32" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: CONV - DISTBOX
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☒ No

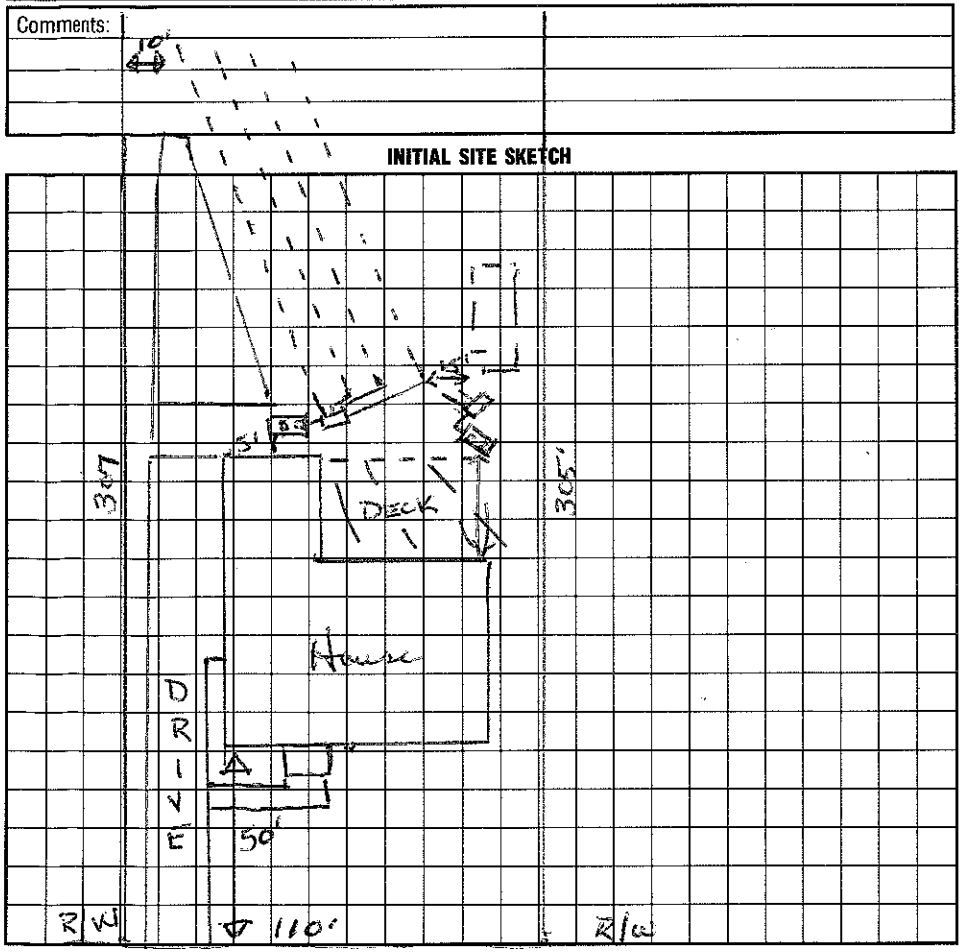
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Community
☐ Public

Comments:

Comments:
5 BR
HP

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: Bradley W. McLanahan

Improvement Permit by: Wesley Sparks R.S. date 11/30/94

Existing System Inspection by: _____ date _____

Installed by: _____

Certificate of Completion by: Wesley Sparks R.S. date 12/10/95

Operation Permit by: Wesley Sparks R.S. date _____

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