4645568542

# 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. 20494 DATE 3/9/95 TAX MAP NO. 2H-12-A-10

OWNER OR CONTRACTOR Jerry Little Watershed: ☑ Yes ☐ No

PHONE: Business ______ Home 892-5215

ADDRESS Perrin Dr. Mooresville, NC. 28115

LOCATION Perrin Dr. (R) off Alcove to 3 lot on (R)

SUBDIVISION Water Edge BLOCK / SECTION ______ LOT 10 LOT AREA ~1.18 Ac SITE CLASS. P DESIGN FLOW 240 L.T.A.R. .2

Septic Tank: 1000 Gallons; STB ______ Date ______

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet *225

No Lines 3 Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth 6" SAND

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

System Description: GRAVITY PANEL

Repair System Description: ______

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 2 No. Bathrooms 2 No. Employees ______

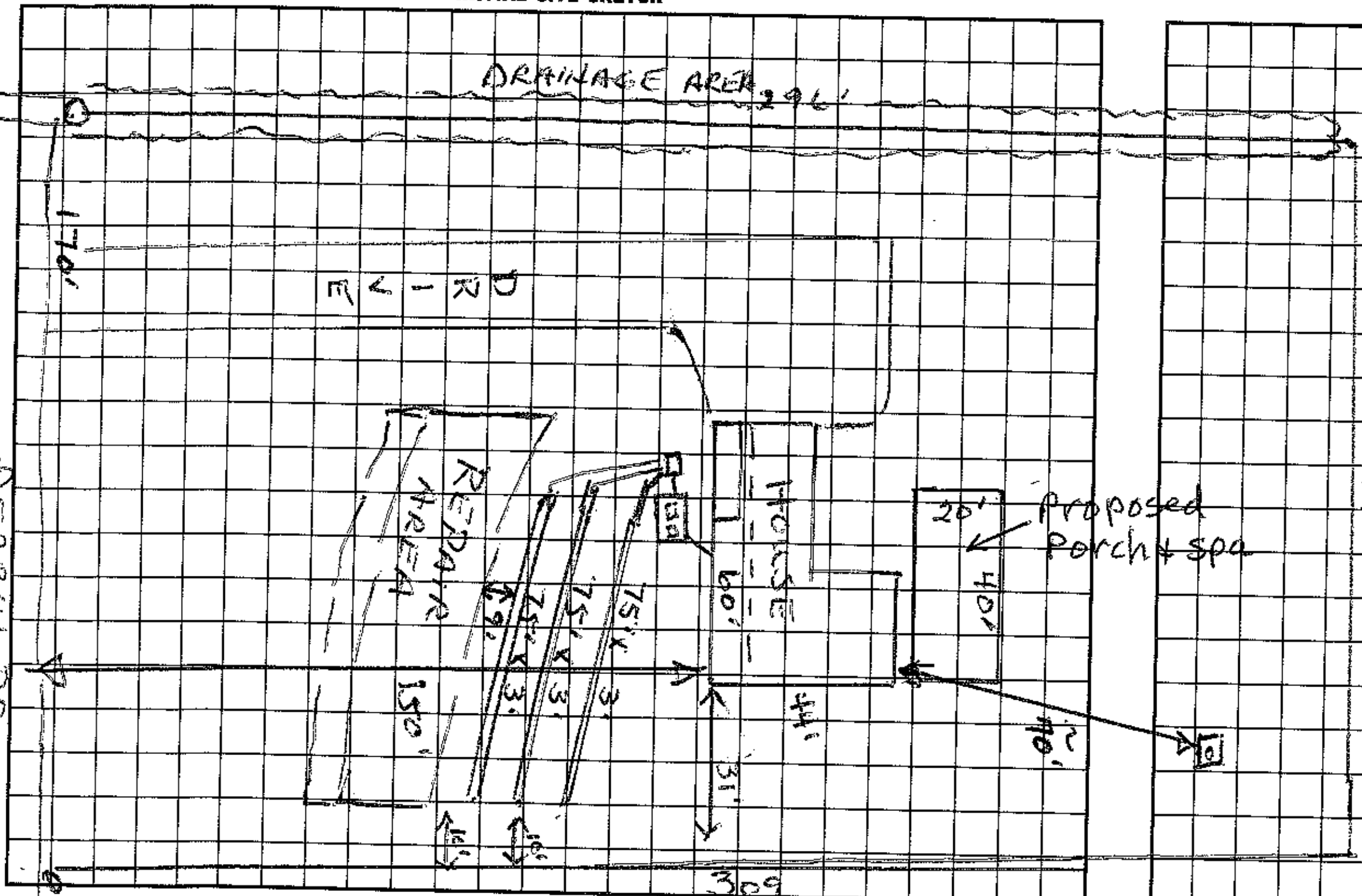
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

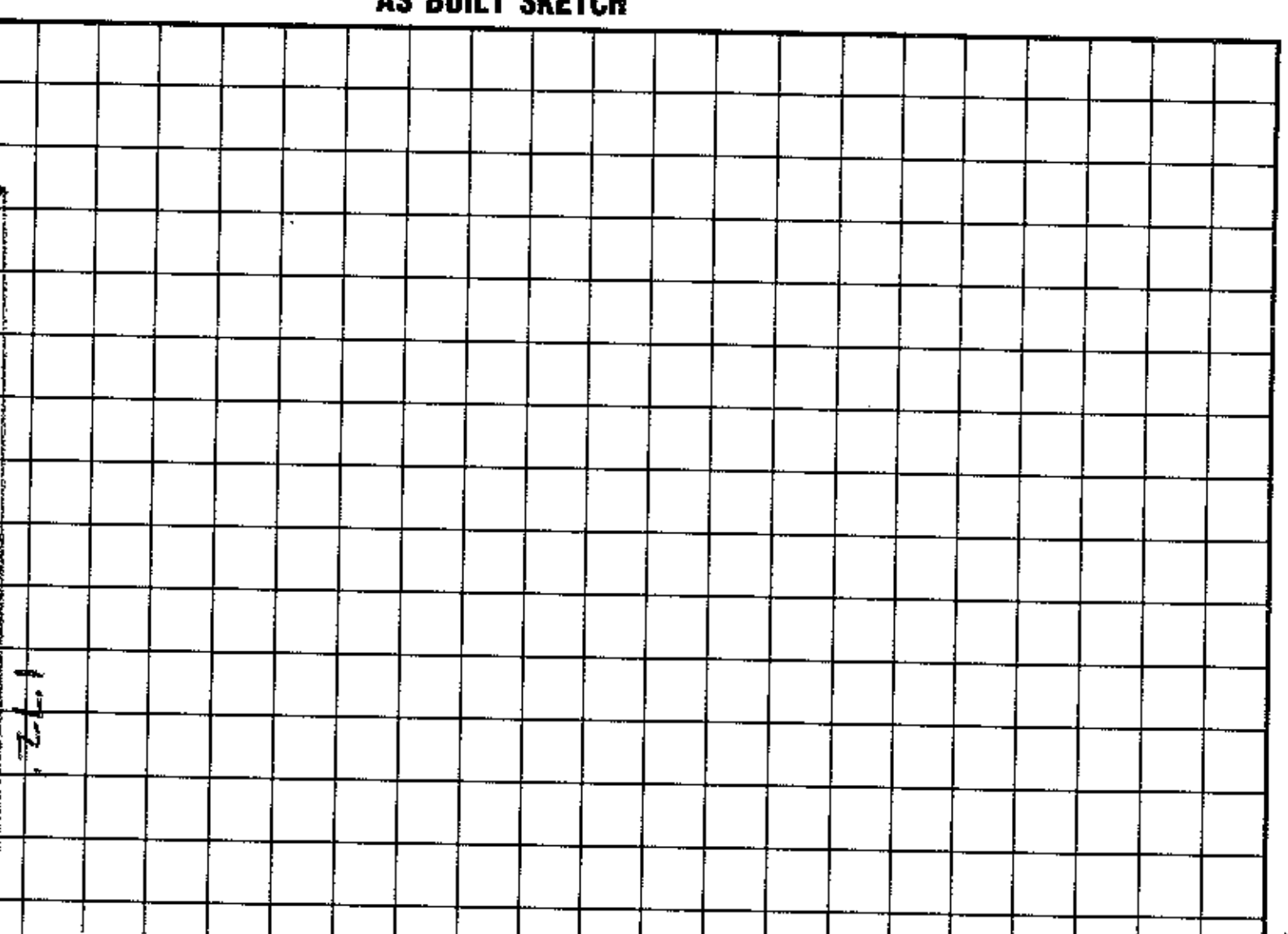
Comments: *250 16" Prefabricated Panel blocks. Keep lines shallow and on contour in direction shown.

Comments: Installed as shown on Imp. Permit. Well not located yet.

**INITIAL SITE SKETCH**




**AS BUILT SKETCH**




Location of the proposed Porch and Spa addition does not appear to impact the existing on-site septic system. **NOTE: Foundation shall be min. 25' from the well.

Judy Melville REHS

Date: 11-7-11

ICHD-Environmental Health Division

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: Craig M. Roseman

Improvement Permit by: Wesley Sparks R.S. date 3/9/95

Existing System Inspection by: ______ date ______

Installed by: Little Hawking

Certificate of Completion by: Wesley Sparks R.S. date 3/31/95

Operation Permit by: ______ date ______

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