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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. 17652 DATE Jan 5, '94 TAX MAP NO. 2H B 71 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Richard Whitlow PHONE: Business _____ Home _____

ADDRESS 712 S. Academy Mooresville

LOCATION 155 S. IR Lakeree Rd. & RR immediately turn right, 1st brick house on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3 AC / SITE CLASS. IB DESIGN FLOW 360 gpd L.T.A.R. .30

Septic Tank: 1000 Gallons; STB 794 Delivery Date 5-20-94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: gravity conventional

Repair System Description: same

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2 ½

☐ Business No. Employees _____

☐ Other _____

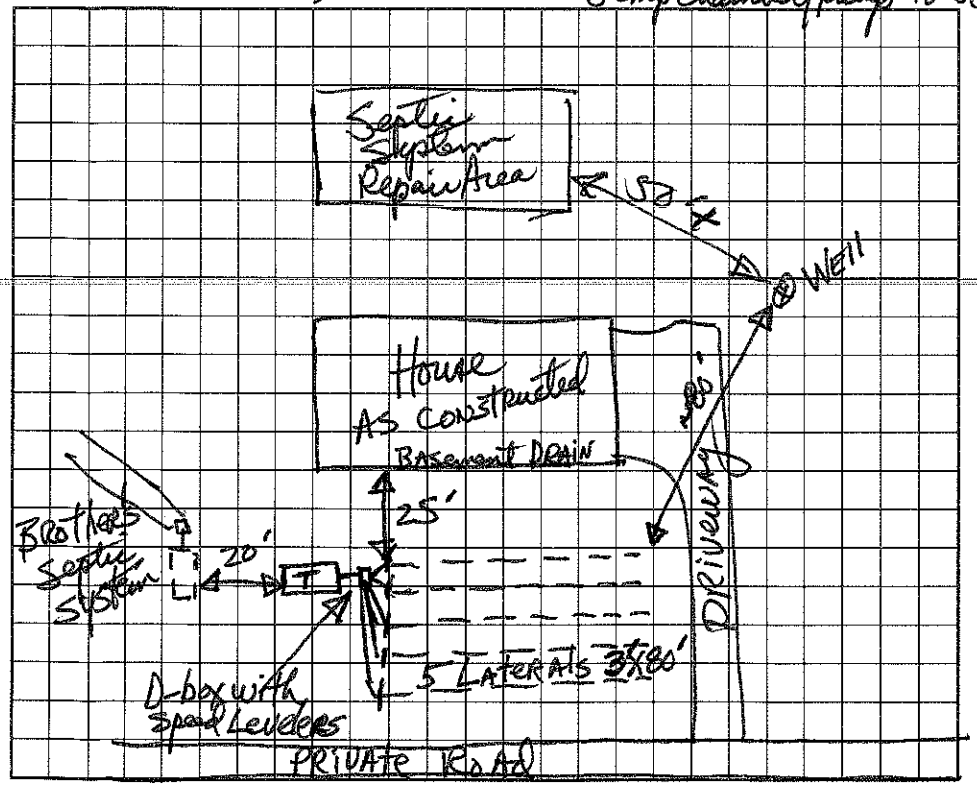
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: House under construction. Original permit expired. Fill dirt from basement has been spread in front (where septic system is now to be installed). This dirt is to be removed.

Comments:

INITIAL SITE SKETCH Sump chamber/pump to be used for basement plumb.



AS BUILT SKETCH

Substantially as shown on initial 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: Richard L. Whitlow

Improvement Permit by: Jack A. Hinson, RS date Jan 5, '94

Existing System Inspection by: _____ date _____

Installed by: J. Gervon

Certificate of Completion by: J. Hinson, RS date 7/7/94

Operation Permit by: _____ date _____

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