4646-08-6609

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. 19416 DATE Oct 3, '94 TAX MAP NO. 2K7C3 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Billy G. Jones PHONE: Business _____ Home 664-2633 LV

ADDRESS 208 Farmstead Lane, Mooresville, N.C.

LOCATION 1100 ft Cornusback Tr Rozeney Blvd. to END TR; TR again on 1st Street 150' on Rt.

SUBDIVISION Rozeney Lake BLOCK / SECTION C LOT 3 LOT AREA 118'x170' Ex. SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 774 Kellogg Date 10-25-94

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 30" Gravel Depth 12"

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

System Description: gravity Conventional

Repair System Description: Same as PP&RS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

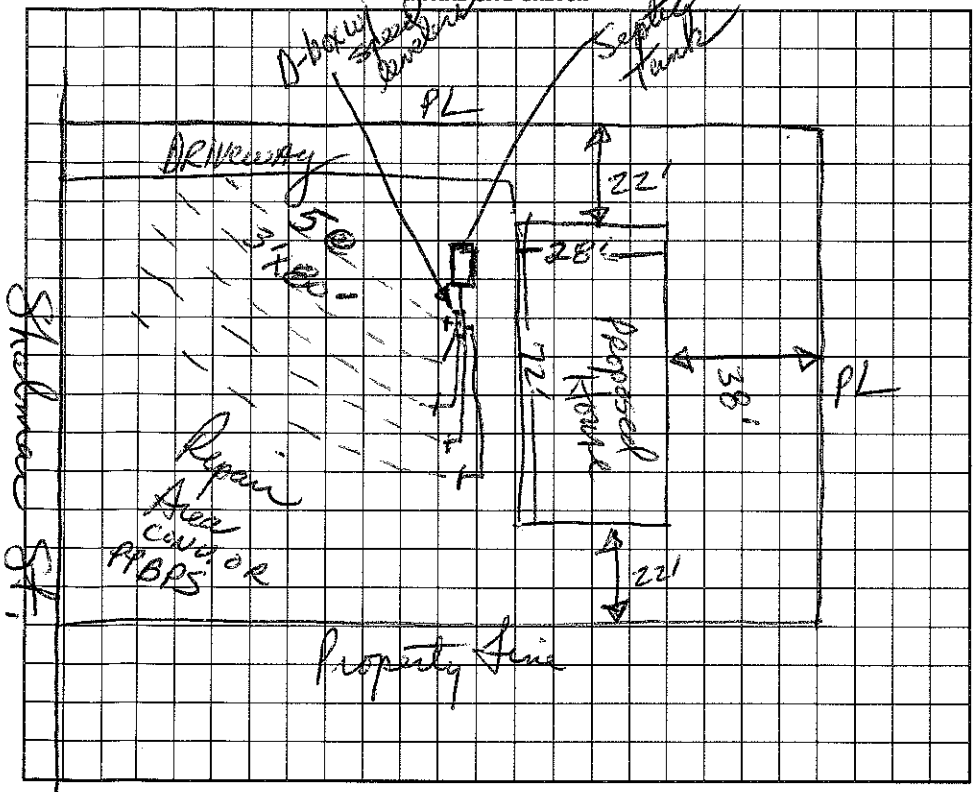
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Community ☐ Public

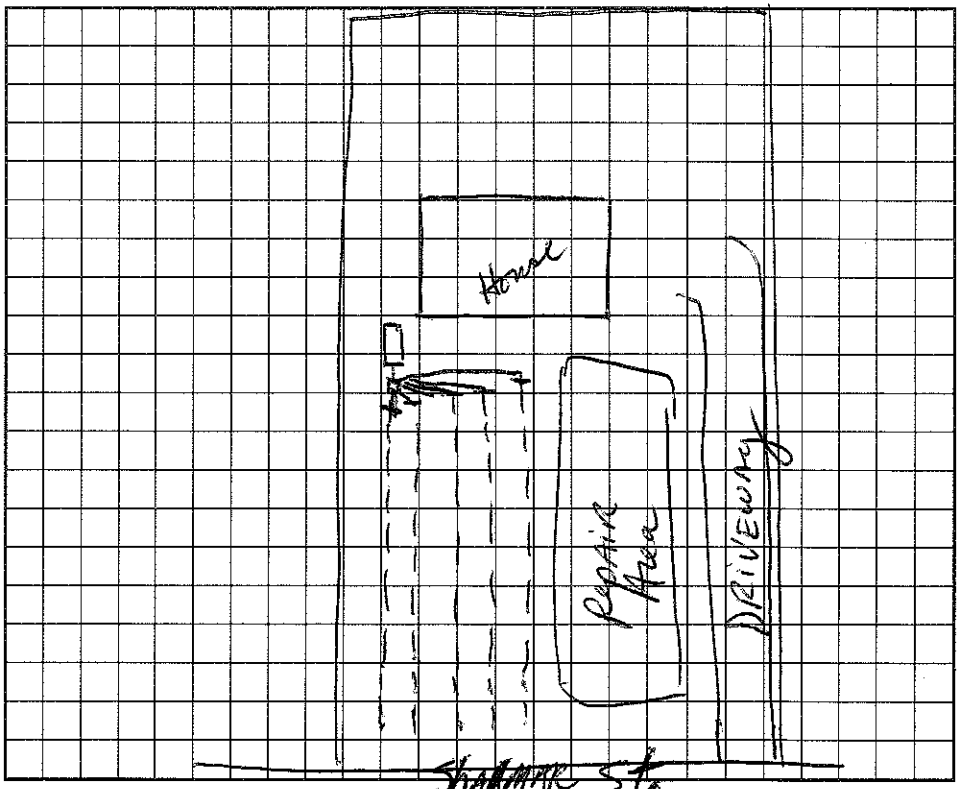
Comments: Follow contour w/ laterals. Maintain 10' separation between septic system and water line. Water line to be routed along either left or right side property line.

Comments: Driveway changed to right side

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: X [signature]

Improvement Permit by: [signature] IRS date 10-3-94

Existing System Inspection by: _____ date _____

Installed by: Barry Thompson

Certificate of Completion by: [signature] IRS date 12/29/94

Operation Permit by: _____ date _____

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