4646-09-4132

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. 19287 DATE Sept. 7, 94 TAX MAP NO. 2K 706 Watershed: ☑ Yes ☐ No LN

OWNER OR CONTRACTOR Bill Jones PHONE: Business _____ Home _____

ADDRESS 208 Homestead Eagle Mooresville

LOCATION 1109 N Cannonball N Regency Blvd on left across from Community Well

SUBDIVISION Regency Lake BLOCK / SECTION D LOT 6 LOT AREA 101'X170' SITE CLASS. PS DESIGN FLOW 240gpd V.T.A.R. 03

Septic Tank: 1000 Gallons; STB 794 Bellinger Date 9-20-94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 267

No Lines 4 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

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees _____

☐ Other _____

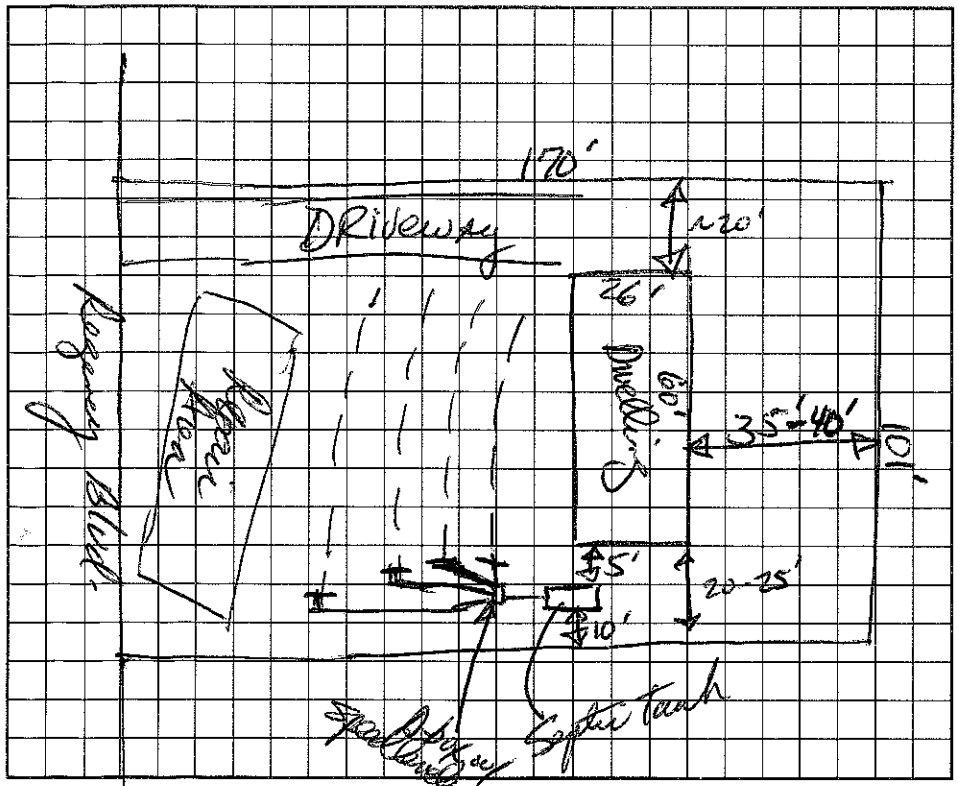
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☑ Community
☐ Public

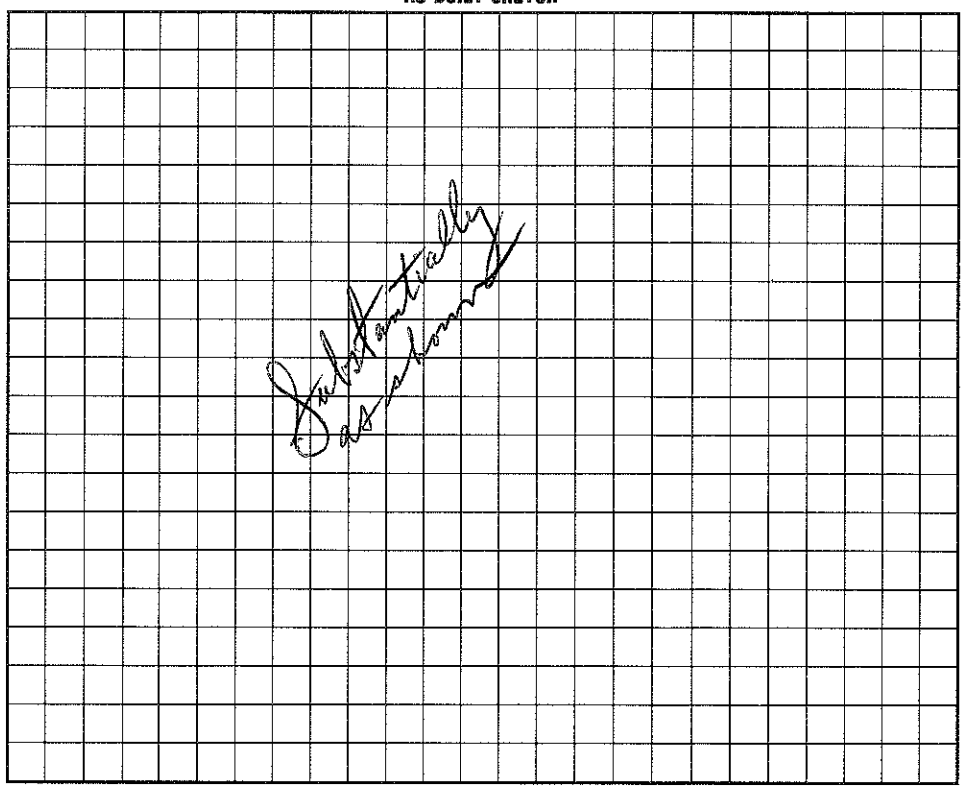
Comments:

Comments:

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 9/7/94

Existing System Inspection by: _____ date _____

Installed by: _____

Certificate of Completion by: _____ date 11/1/94

Operation Permit by: _____ date _____

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