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. 19808 DATE Dec 27, '94 TAX MAP NO. 2K-22-A-9 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Jeff Pelchat PHONE: Business 662-3825 Home WS IV

ADDRESS 503 Gunnarbach Rd., Mooresville PIN # 4646-19-4880

LOCATION 1100 ft Homestead Rd. x Pond 5th on right

SUBDIVISION Farmstead BLOCK / SECTION 2 LOT 45 LOT AREA 3/4 ac SITE CLASS. B5 pu 1956 DESIGN FLOW 360 gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 794 Date 2-3-95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 240

No Lines 3+3 Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth _____

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

System Description: gravity RPBPS

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

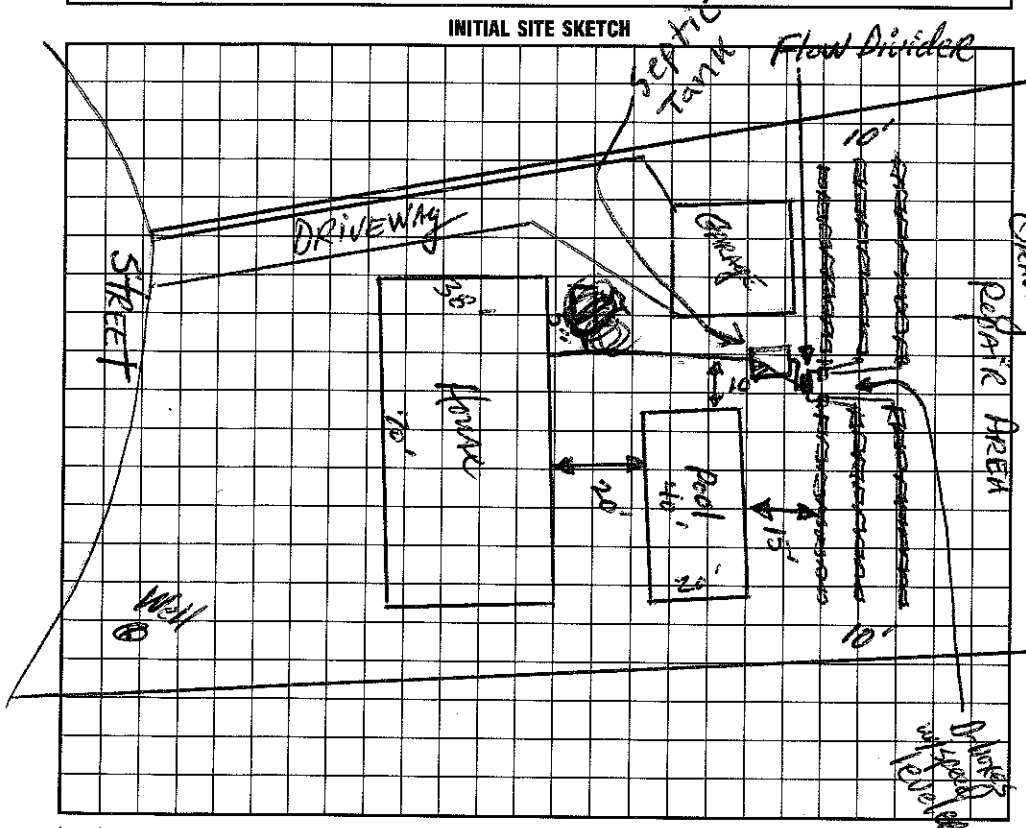
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

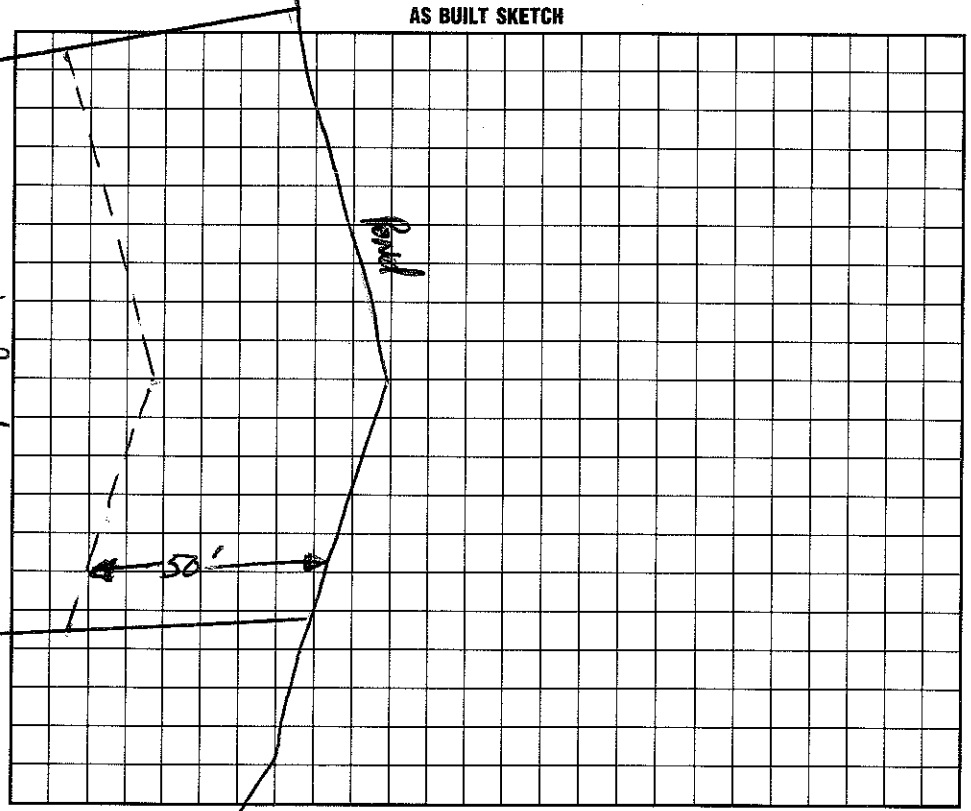
Comments: follow contour w/ laterals.

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: David R. Hanson R.S. date 12/27/94

Existing System Inspection by: _____ date _____

Installed by: F.J. Ervin

Certificate of Completion by: F.C. Moore date 3-15-95

Operation Permit by: _____ date _____

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