IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTIO

PROPERTY DESCRIPTION NO. 18548 DATE June 13, '94 TAX MAP NO. 2 J5A 85 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR CW Brewer PHONE: Business 464-38-5084 Home

ADDRESS Rt 7 Box 839 Mooresville

LOCATION 110 TR Sundown TL Brockway TR Mooreland on left

SUBDIVISION Oakwood Manor BLOCK / SECTION LOT 85 LOT AREA ~~140~~ 150' X 175' SITE CLASS. RS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 RST Date 10-10-94

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" 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 2

☐ Business No. Employees

☐ Other

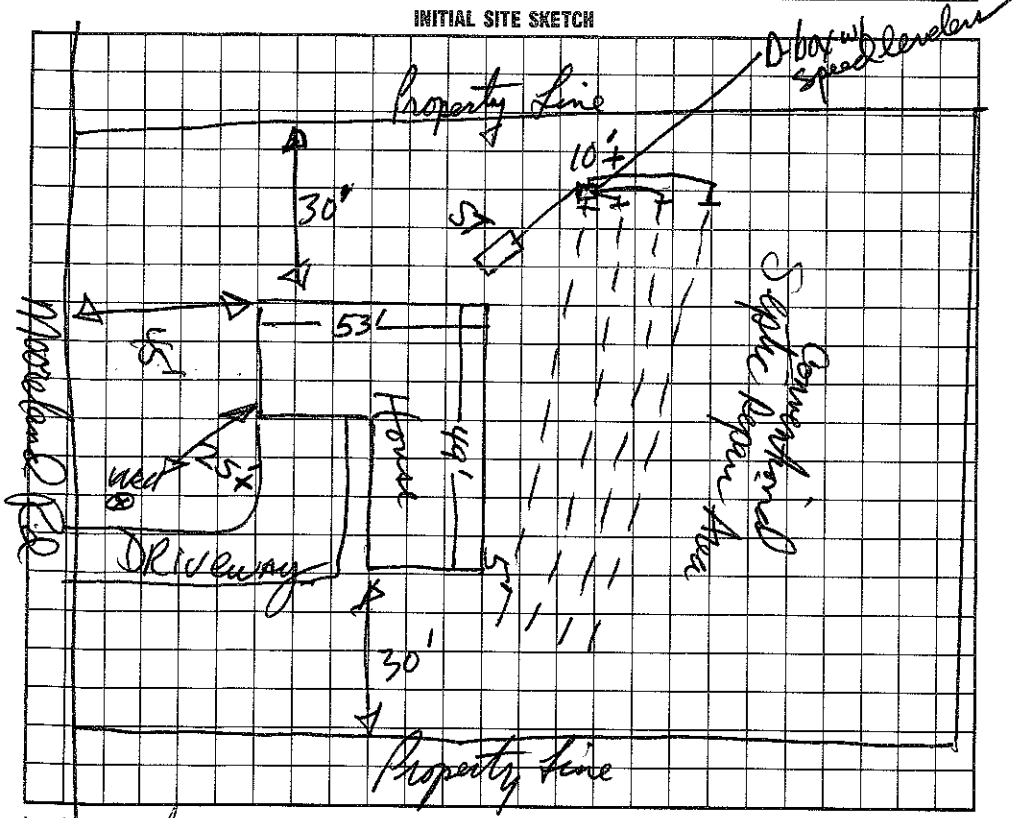
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

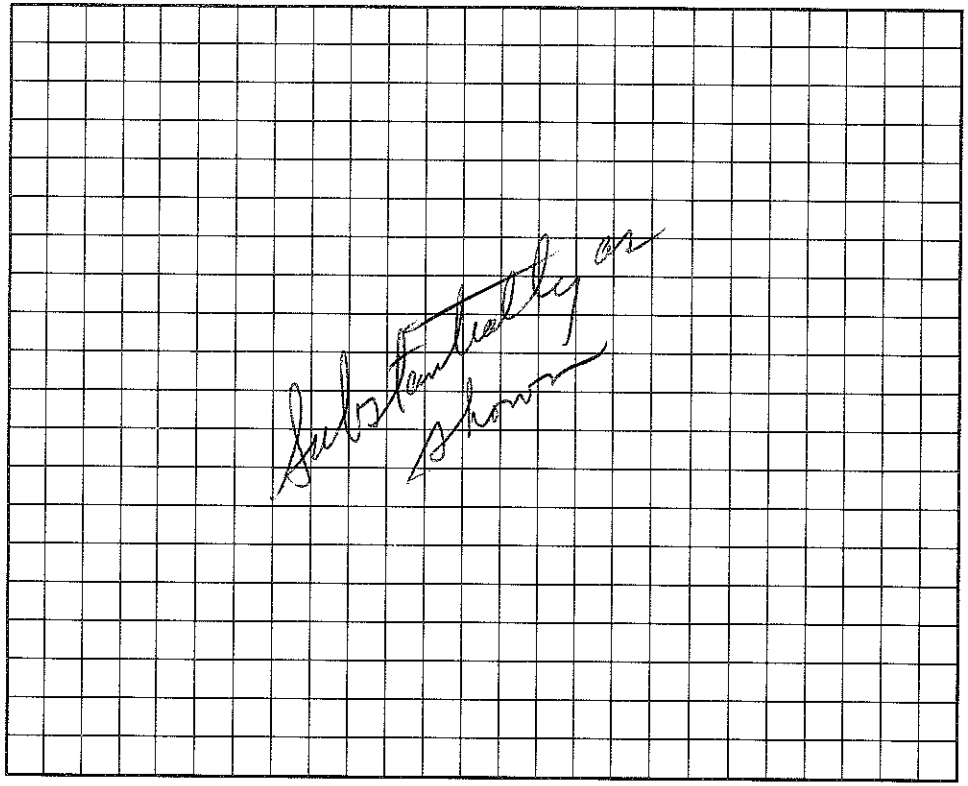
Comments:

Comments: (garage entrance changed to left rear entry. Well not installed as of 11/23/94

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: Diane Buchanan 6/14/94

Improvement Permit by: David R. Hinson RS date 6/13/94

Existing System Inspection by: date

Installed by: Dalbert Boston

Certificate of Completion by: D R Hinson RS date 11/23/94

Operation Permit by: date

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