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. _____ DATE Nov. 16, '94 TAX MAP NO. 4646-95-3826

OWNER OR CONTRACTOR [redacted] Tim Fitzpatrick PHONE: Business _____ Home 664-4472 Watershed: ☐ Yes ☐ No

ADDRESS 134 Regal Circle Mooresville

LOCATION 115 TR Valentyn Rd TR Regal Circle 4th house on Rt

SUBDIVISION Regal Oaks BLOCK / SECTION _____ LOT 20 LOT AREA _____ SITE CLASS. _____ DESIGN FLOW 360 gpd L.T.A.R. ~ 0.3

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet _____ Linear Feet 300

No Lines 3+3(Bed) Trench Width 9'+9' Max Trench Bottom Depth 36" Gravel Depth 12"+

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

System Description: gravity bed

Repair System Description: gravity bed

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1-2

☐ Business No. Employees ____

☐ Other _____

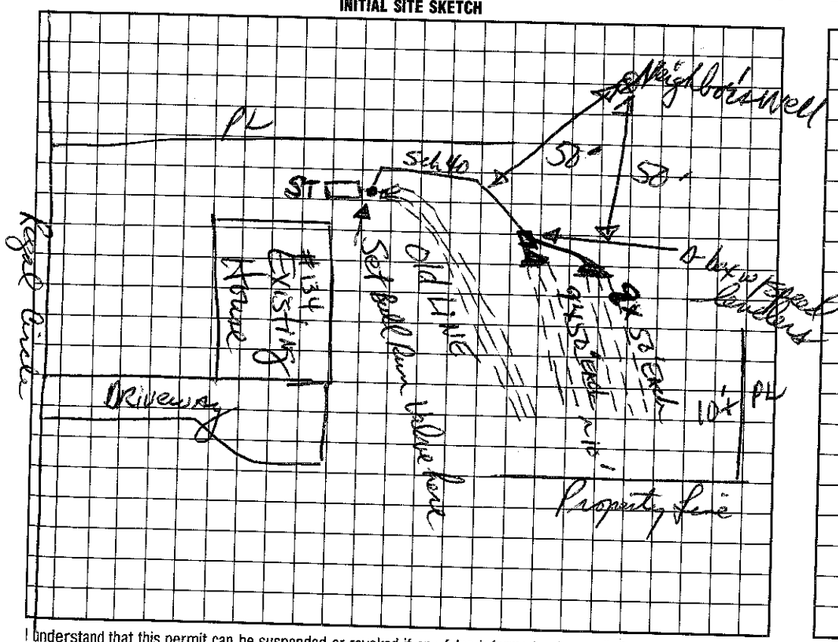
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

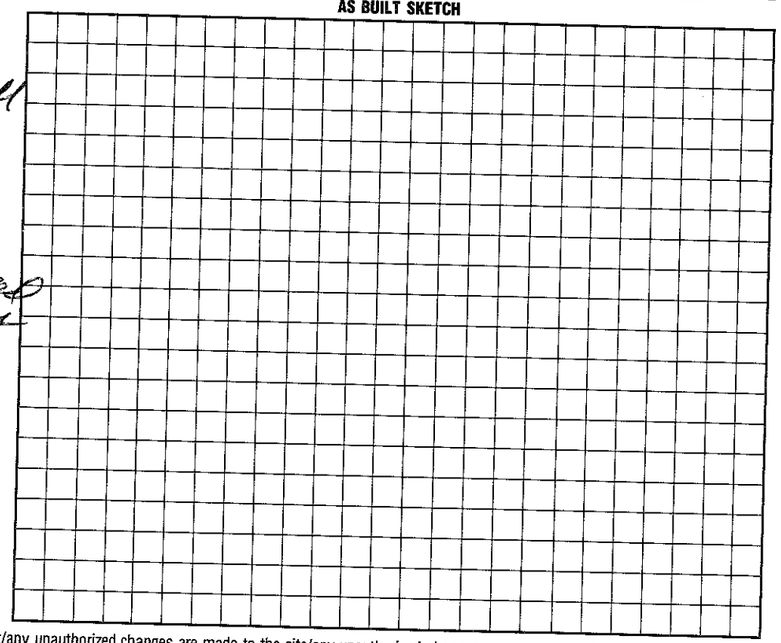
Comments: The house is served by an off site well which serves ~5 houses.

Comments: installed as shown.

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 11/16/94

Existing System Inspection by: _____ date _____

Installed by: _____

Certificate of Completion by: _____ date 12/21/94

Operation Permit by: _____ date _____

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

46046-95-3826

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Boan Building Co. DATE 4-25-80 PERMIT NO. 101

PHONE: Business _____ Home _____

LOCATION 215 TR 1135 TR 1289 ~500 Ft ON R

SUBDIVISION NAME Regal Oaks LOT NO. 20 SECTION OR BLOCK NO. _____ S. R. No. _____

House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area (≥) 20,000 ft² Yes (X) No ( )

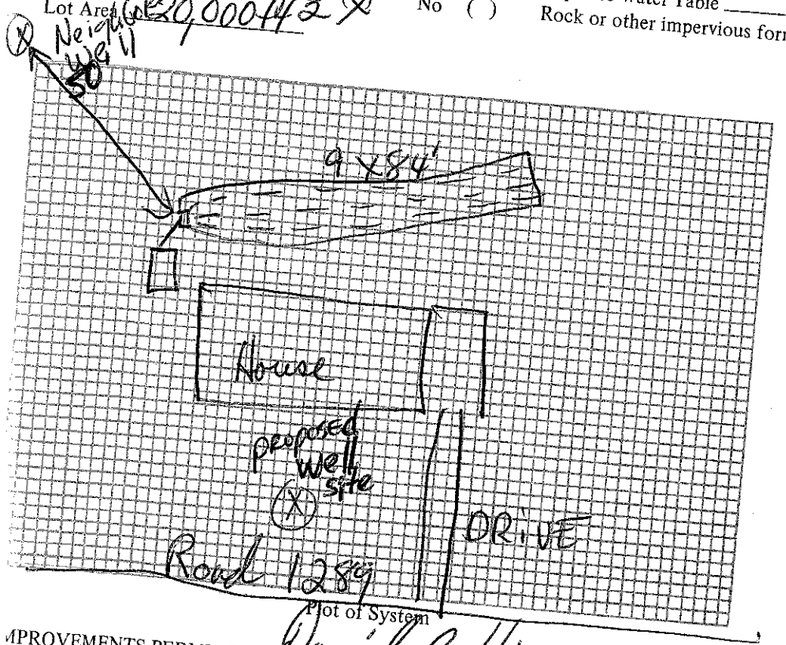
Character & Porosity of Soil Clay loam

Percolation Rate 80 mpf

Topography 6-8% slope

Depth to Water Table Unknown

Rock or other impervious formations None observed



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 750 Linear Ft. 250

Depth of Stone in Lines 16"

Water Supply: Individual (X) Public ( )

Installed by J. J. Ervin

IMPROVEMENTS PERMIT BY David R Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 4-25-80

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold