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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 18736 DATE Aug 2, '94 TAX MAP NO. 2K B 54 Watershed: ☑ Yes ☐ No LN

OWNER OR CONTRACTOR John & Susan Brown PHONE: Business _____ Home _____

ADDRESS 831 Kemp Rd, Mooresville

LOCATION SR 1160 Approx 1/4-1/2 mile past Brawley School on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.9 Ac SITE CLASS. PS pr. 1956 DESIGN FLOW 644 gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 797 Bellings Date 4-26-94
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 2 Square Feet 2147 Linear Feet 716
No Lines ~6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☑ Repair System Type: I, II, III, IV, V, W
System Description: gravity conventional
Repair System Description: PRBPS
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☐ Mobile Home ☑ Business Dental office ☐ Other
No. Bedrooms —
No. Bathrooms 2-3
No. Employees 4

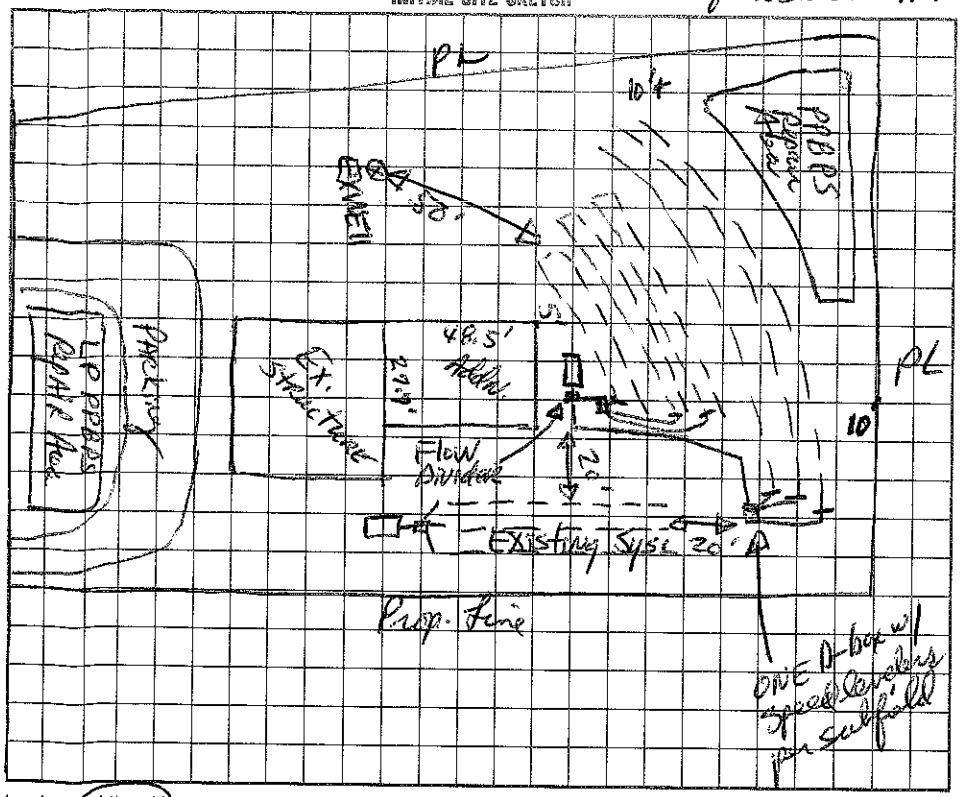
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☐ Public — Acceptable TRANSF per TONY PARKER DEHNR public water supply Blare

Comments: Install approx 358' per subfield. Preconstruction Consultation required for septic system. All potentially hazardous substances to be collected and contained and recycled/disposed of in an approved manner per 7/28/94 letter from Sullivan Dental Products

Comments: Upper subfield slightly shorter than lower subfield due to using 4 laterals w/out turns/stepdowns in upper field and proximity to well.

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, RS date 8/2/94

Existing System Inspection by: _____ date _____

Installed by: Larry Tucker

Certificate of Completion by: David R Hanson, RS date 9/8/94

Operation Permit by: _____ date _____

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