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. 2778 DATE Dec 12, '95 TAX MAP NO. part of 23454 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Lynn Financial Survey PHONE: Business _____ Home _____ WS4CA

ADDRESS 199 Yadkin Ave Rd. Mooresville 4648-08-0509

LOCATION Connelly Rd. turn on Creekview TL McKeon Ct on Right - corner lot

SUBDIVISION Millsford BLOCK / SECTION _____ LOT 55 LOT AREA ± 30,000 ft² SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 325 Date 5/4/96

Pump Tank: _____ Gallons; P.T _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 4@90' 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

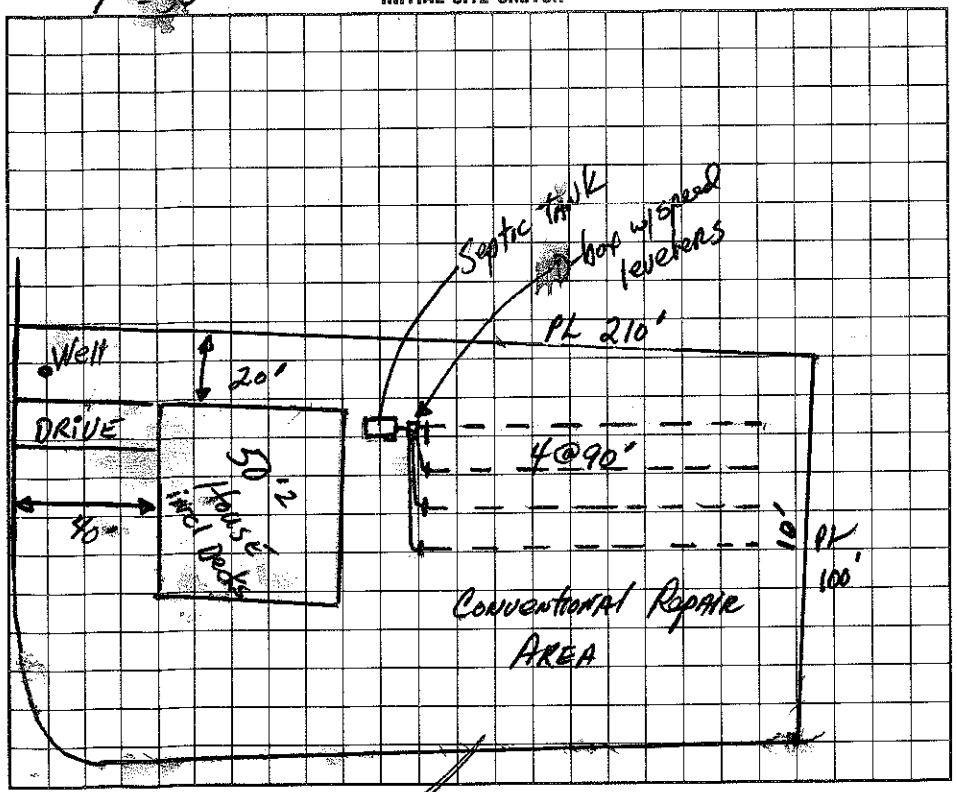
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

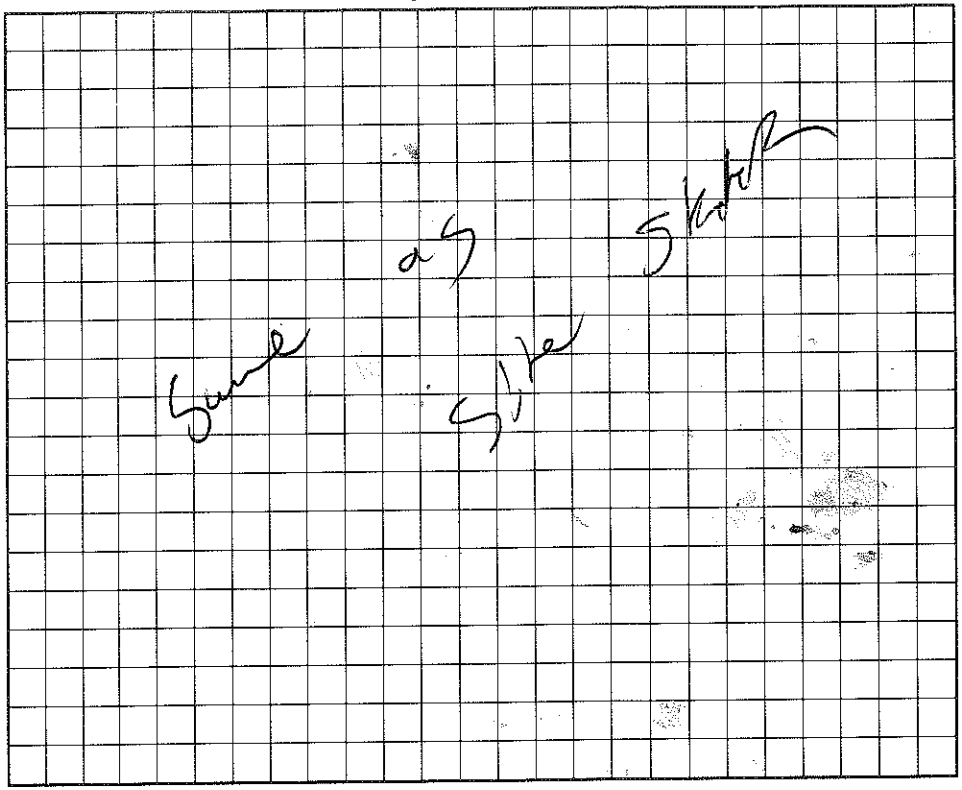
Comments:

INITIAL SITE SKETCH

1" = 50'



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.

Signed: _____

Improvement Permit by: [signature] RS date 12-12-95

Existing System Inspection by: [signature] RS date Jan 11 96

Installed by: Rowan Septic

Certificate of Completion by: _____ date _____

Operation Permit by: [signature] EHST date 7/15/96

to connect

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