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. 16155 DATE 9/28/93 TAX MAP NO. 25 7A15

OWNER OR CONTRACTOR SPEAR CONST. CO PHONE: Business 663-7954 ~~Home~~ 4648-08-6549

ADDRESS CORNELIUS RD. MOORESVILLE, NC. 28115

LOCATION CORNELIUS RD, TR STRAIGHT TO 3RD (R) AT CUL DE SAC ON (L)

SUBDIVISION MILLS FOREST BLOCK / SECTION ____ LOT 15 LOT AREA (.69) ~ 20,000 FT² SITE CLASS. P L.T.A.R. .3

Water Supply: ☑ Individual ☐ Community ☐ Public [NOT DONE 9/28/93]

Septic Tank: 1000 Gallons; STB 825 Date 8-20-93

Pump Tank: ____ Gallons; PT ____ Date ____

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

No Lines 5 Trench Width 3' Trench Depth 24" Gravel Depth 12"

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

System Description: CONV - DROP BOX

Repair System Description: CONV - DROP BOX

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

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

Garbage Disposal: ☐ Yes ☑ No

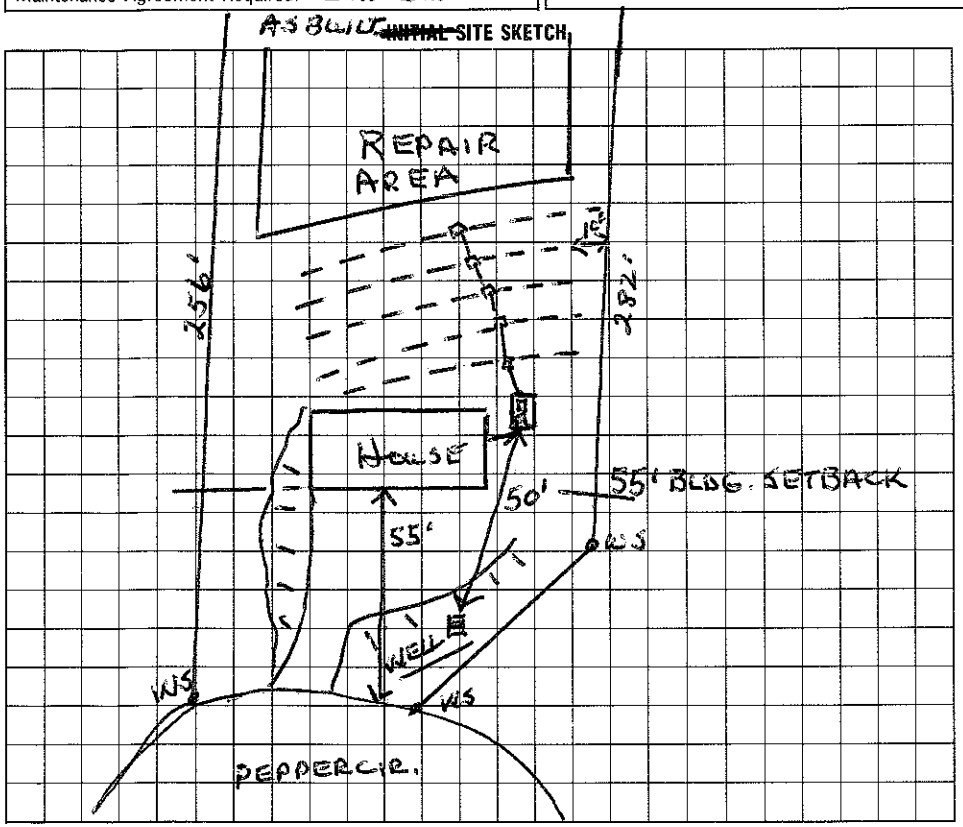
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

Other ____

Comments ____

AS BUILT ~~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 ____

Existing System Inspection by: ____ date ____

Installed by: ROWAN SEPTIC TANK

Certificate of Completion by: Wesley Sparks RS. date 9/28/93

Operation Permit by: ____ date ____

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