# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 4648 08 9169 MOORESVILLE 704-664-5281

## IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 16160 DATE 9/29/93 TAX MAP NO. 25-7-A-20

OWNER OR CONTRACTOR SPEAR CONST. CO. PHONE: Business 663-7954 Home

ADDRESS CORNELIUS RD. MOORESVILLE, NC. 28115

LOCATION CORNELIUS RD. TR., STRAIGHT TO END OF ROAD TO LOT ON (L) OFF CUL DE SAC

SUBDIVISION MILLS FOREST BLOCK / SECTION LOT 20 LOT AREA ~.71 AC. SITE CLASS. P L.T.A.R. .3

Water Supply: ☑ Individual ☐ Community ☐ Public [NOT DRILLED YET]

Septic Tank: 1000 Gallons; STB 825 Date 11/1/93

Pump Tank: 1000 Gallons; PT 47 Date 11/1/93

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

No Lines 4 Trench Width 3' Trench Depth ____ Gravel Depth ____

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

System Description: PRESSURE-CONV.

Repair System Description: PRESSURE-PANEL

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

Garbage Disposal: ☐ Yes ☑ No

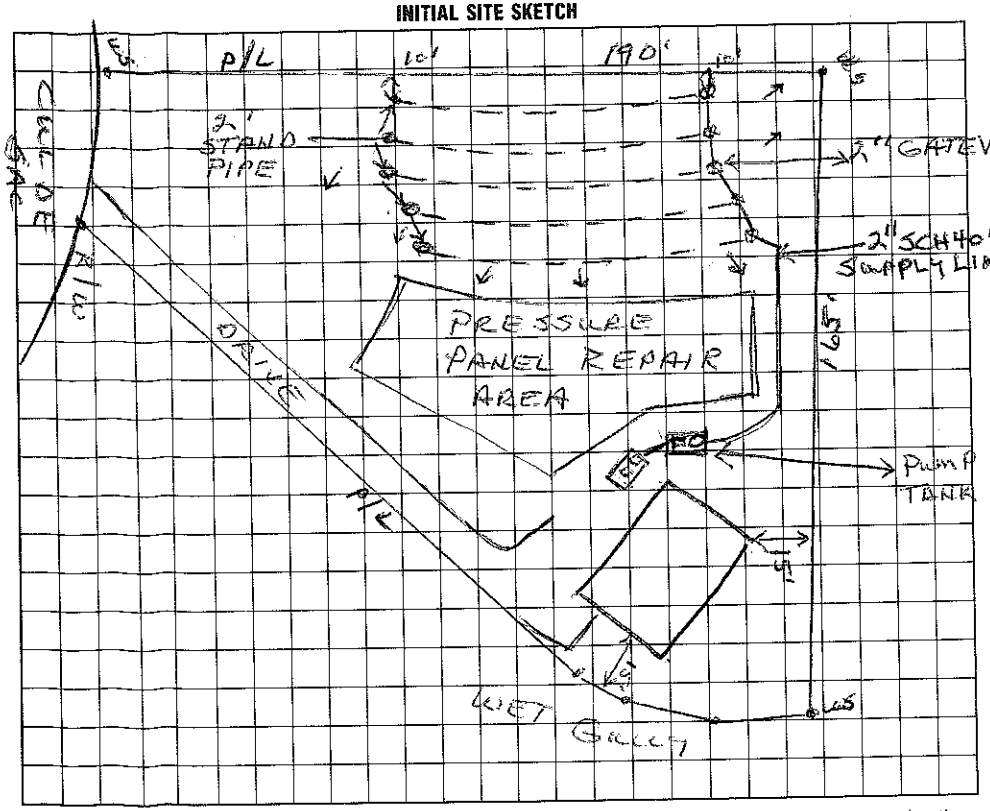
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

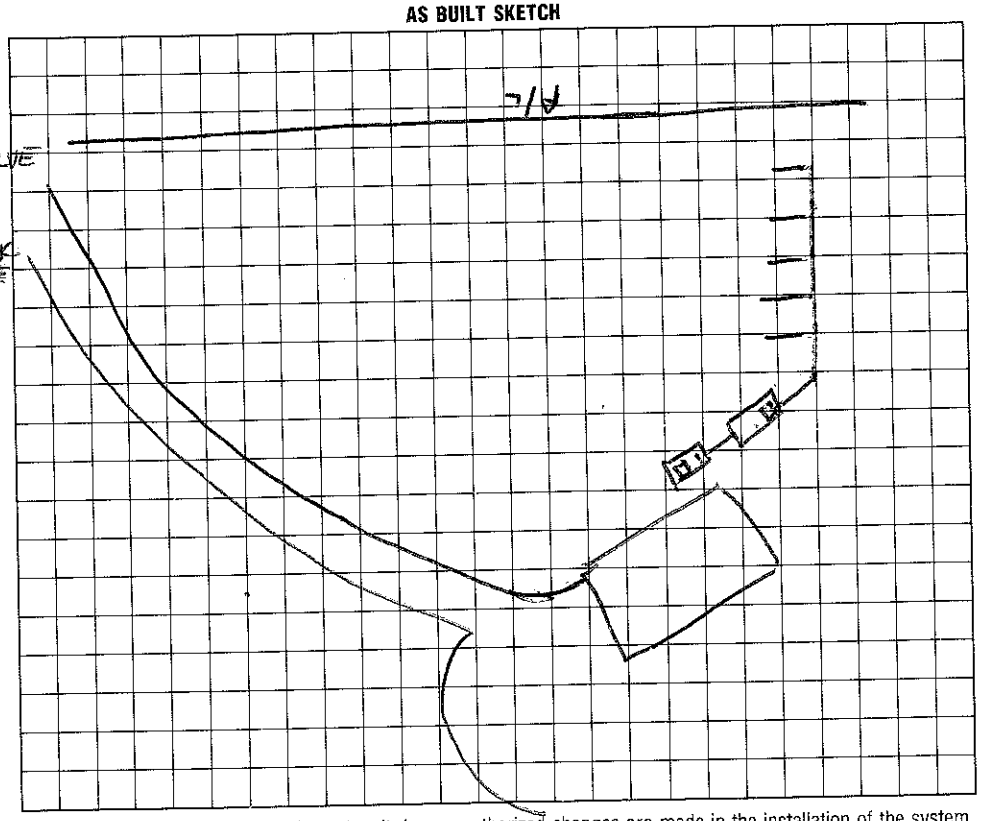
Other ____

Comments PRESSURE TWO CONVENTIONAL TRENCHES. 2" SCH 40 PVC IN EACH TRENCH WITH 3/16" HOLE ON 5 FOOT CENTERS DRILLED IN PVC PIPE. ONE GATE VALVE PER DRAINLINE. 2 FOOT STAND PIPE AT END PROTECTED IN VALVE BOXES LIKE GATE VALVES. 18" TRENCH BOTTOM DEPTH ON DOWNSLOPE SIDE. STAY ON CONTOUR

**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: Wesley Sparks RS. date 10/1/93

Existing System Inspection by: ____ date ____

Installed by: Rawen Septic Tank

Certificate of Completion by: Wesley Sparks RS. date 12/22/93

Operation Permit by: Wesley Sparks RS. date 12/22/93

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