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. 16392 DATE 9/29/93 TAX MAP NO. 2 5 7 A 2 8

OWNER OR CONTRACTOR SPEAR CONST. INC. PHONE: Business 636-7954 Home 4648-18-4087

ADDRESS CORNELIUS RD. MOORESVILLE, NC. 28115

LOCATION CORNELIUS RD. TR INTO MILLS FOREST TO 2ND LOT ON (L)

SUBDIVISION MILLS FOREST BLOCK / SECTION ____ LOT 28 LOT AREA 1.1 AC SITE CLASS. P L.T.A.R. .3

Water Supply: ☐ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 325 Date 11/11/93

Pump Tank: ____ Gallons; PT ____ Date ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 40c

No Lines 4 Trench Width 3' Trench Depth 36" Gravel Depth 12"

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

System Description: CONV - DIST. BOX

Repair System Description: CONV.

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

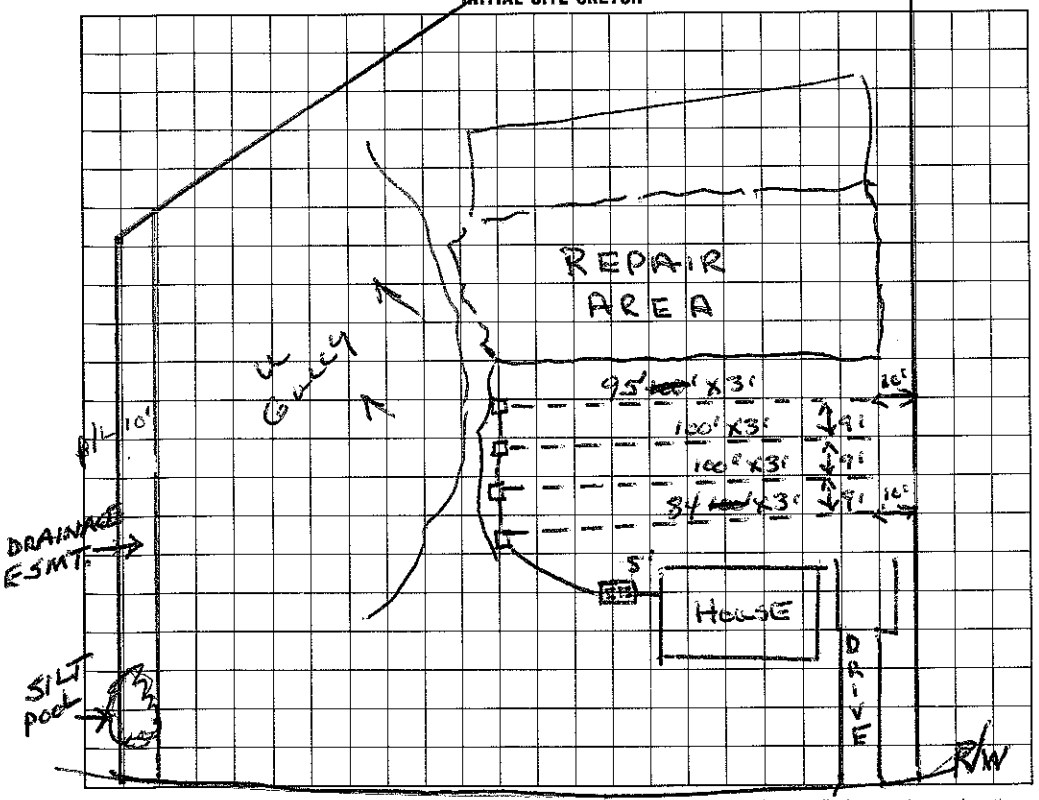
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

Other ____

Comments ____

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. MILLS FOREST LN.

Signed: X ____

Improvement Permit by: Wesley Sparks RS. date 11/16/93

Existing System Inspection by: ____ date ____

Installed by: Rowan Septic Tank

Certificate of Completion by: Wesley Sparks RS. date 2/3/94

Operation Permit by: ____ date ____

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