4648 35 5583

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. 18769 DATE 7/26/94 TAX MAP NO. 2P-6-B-6 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Chuck Livingston PHONE: Business _____ Home Beaver - 558-3148

ADDRESS Rt 11 Box 733 Mocksville, NC 27028

LOCATION Bixchadiamtp. 1st (R) around shopcurve on (L) on hill 718 Big Indian Loop

SUBDIVISION Indian Hill BLOCK / SECTION 12 LOT 6 LOT AREA ~2.1 AC SITE CLASS. P DESIGN FLOW 490 L.T.A.R. .3

Septic Tank: 1250 Gallons; STB 797 Billinger Date [illegible]

Pump Tank: _____ Gallons; PT _____ Date 12-16-94

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533

No Lines 7 Trench Width 36" Max Trench Bottom Depth 32-34" Gravel Depth 12"

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

System Description: CONV - DROP BOX

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

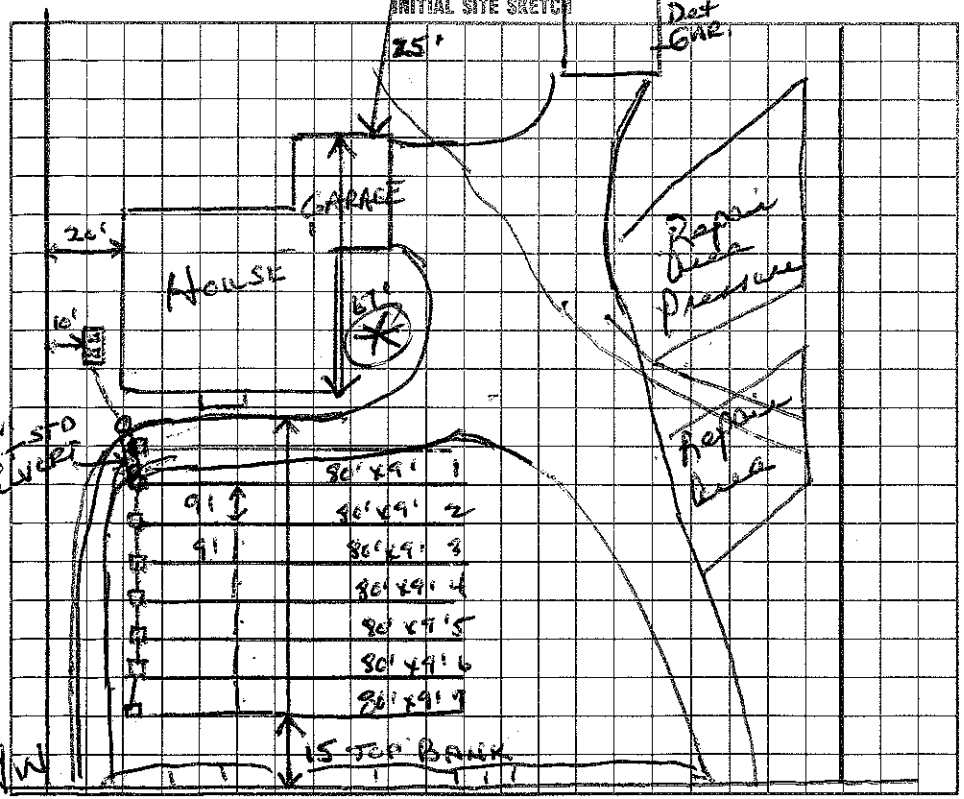
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public PROPOSED

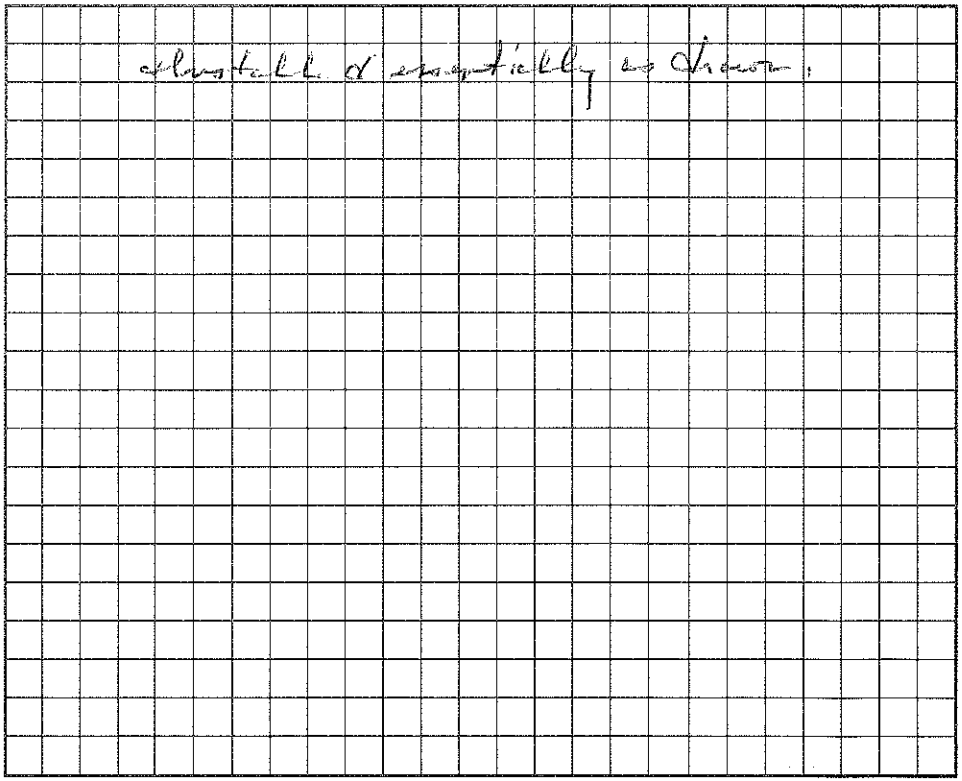
Comments:
* Alternate S/T Location
Trench depth 32" minimum.

Comments: 1-25-94 Tank set, Nit lines OK — Dist sys ≠ sleeve not finished DRR

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: [signature]

Improvement Permit by: Wesley Sparks RS. date 7/26/94

Existing System Inspection by: _____ date _____

Installed by: A Conklin Brady

Certificate of Completion by: Wesley Sparks RS. date 8/1/95

Operation Permit by: _____ date _____

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