IREDELL COUNTY HEALTH DEPARTMENT

4648-45-0438

704-878-5305 MOORESVILLE 704-664-5281

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

PROPERTY DESCRIPTION NO. 18150 DATE 4/11/94 TAX MAP NO. 2P-6-B-15+16 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Todd A. Beaver PHONE: Business _____ Home 663-0162

ADDRESS Rt 4 Box 388-F Mooresville, NC. 28115

LOCATION Big Indian Lp. 798

SUBDIVISION Indian Hill BLOCK / SECTION _____ LOT 15+16 LOT AREA 2.16 SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 825 Date 3/11/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3 Trench Width 3' Max Trench Bottom Depth 30-32" Gravel Depth 12

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

System Description: CONV - DIST. BOX

Repair System Description: CONV - DIST BOX

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2.5 No. Employees _____

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

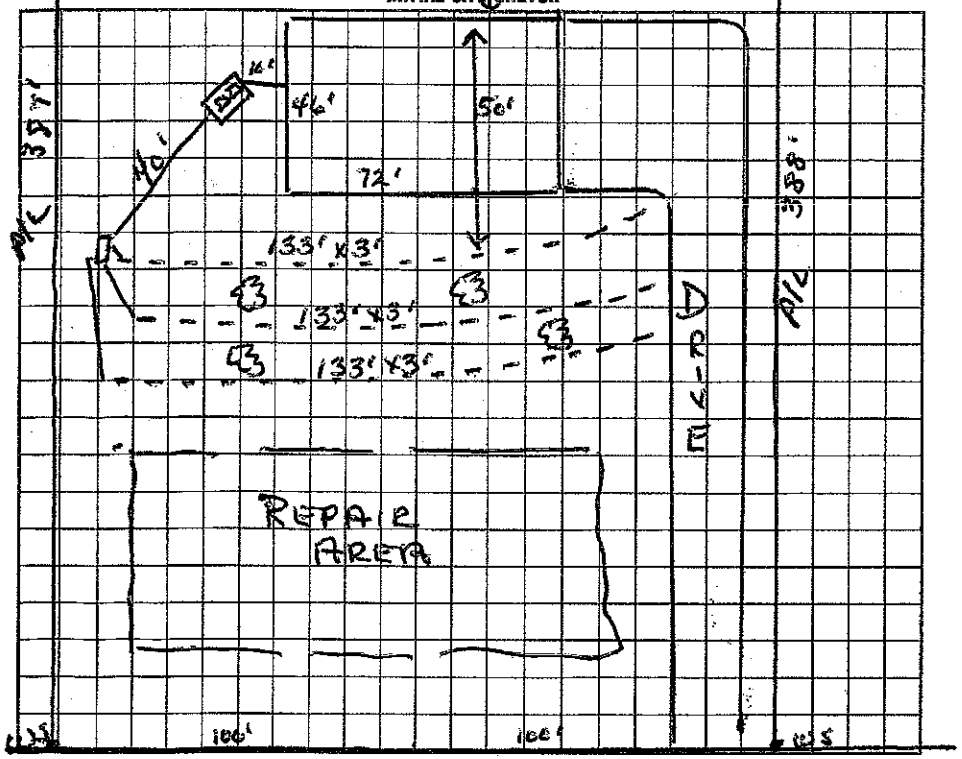
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

POOL

25'

INITIAL SITE SKETCH



Comments:

AS BUILT SKETCH

POOL MUST BE 15' FROM WELL

The proposed POOL / ADDITION addition does not appear to impact the existing septic system.

**NOTE: _____

J. A. Long R.S.

Date: 5-3-09

ICHD-Environmental Health Division

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. BIG INDIAN LP.

Signed: Todd A. Beaver

Improvement Permit by: Wesley Sparks R.S. date 4/11/94

Existing System Inspection by: _____ date _____

Installed by: Leachator

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks R.S. date 6/19/94

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