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. 15241 DATE 8/31/93 TAX MAP NO. 2RA 18

OWNER OR CONTRACTOR DAVID R. CARTER PHONE: Business _____ Home 463-4590

ADDRESS Rt 4 Box 467 A MOORESVILLE, NC. 28115

LOCATION CORNELIUS RD. TR JUST PAST JOAS RD. TO REAR OF TRACT, 2nd HOUSE ON R

SUBDIVISION BERTHA BROOKS EST. BLOCK / SECTION _____ LOT 5 LOT AREA 3.68 AC SITE CLASS. P L.T.A.R. .25 - .3

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 1012 Date 8/24/93

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 320 Linear Feet 530

No Lines 5 Trench Width 36" Trench Depth 36" Gravel Depth 12"

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

System Description: CONV - GRAVITY

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees _____

☐ Other _____

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

Other _____

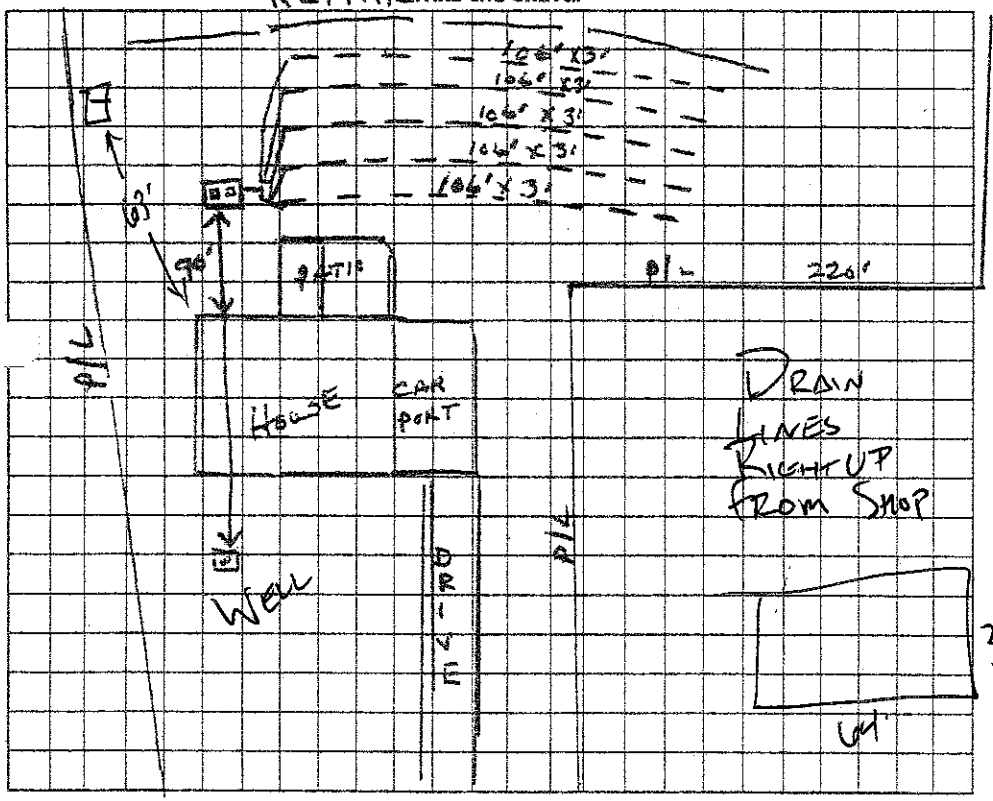
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments

KEEP TRENCHES ON SLOPE CONTOUR IN DIRECTION SHOWN.

DIST BOX WITH CONVENTIONAL DRAINFIELD.

REPAIR INITIAL SITE SKETCH



AS BUILT SKETCH

Install downspout AWS 12/9/93

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: David R. Carter

Improvement Permit by: Wesley Sparks R.S. date 8/31/93

Installed by: Kenny Pearson

Certificate of Completion by: Wesley Sparks R.S. date 12/9/93