IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

4649 09 9275

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

PROPERTY DESCRIPTION NO. 19856 DATE 12/30/94 TAX MAP NO. 3F-10-H-4 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Charles M Bowers PHONE: Business _____ Home 376-5209

ADDRESS 152 Royal Pointe Way Mooresville, NC. 28115

LOCATION Perth Rd. N, TR on Fern Hill Rd. ~ 1/4 mile on (R) 128 Dorchester Ln

SUBDIVISION RF Overcash BLOCK / SECTION _____ LOT 4 LOT AREA ~ 3.37Ac SITE CLASS. P DESIGN FLOW 240 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 925 Date 4/12/95

Pump Tank: 1000 Gallons; PT 47 Date " "

Pump Make: _____ Model _____ Serial No. 450

Nitrification Field: No Fields 1 Square Feet 960 Linear Feet ~~_____~~

No Lines 8 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: Pressure - Conventional

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No 5 YRS.

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

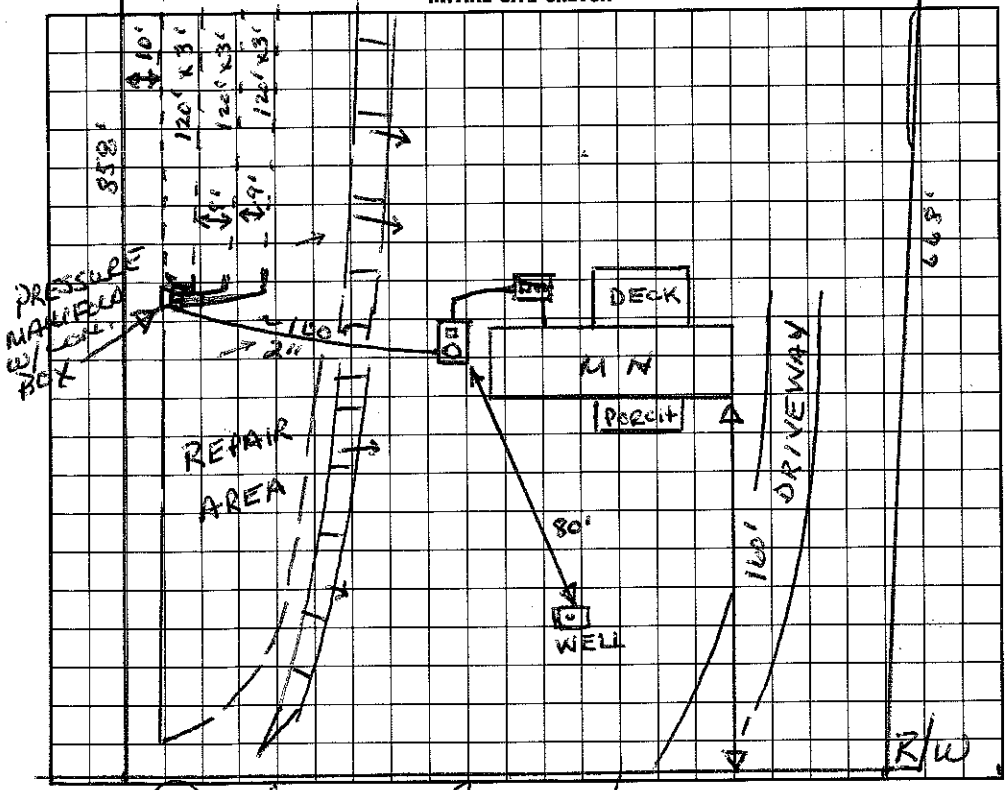
No. Bedrooms 3 4 No. Bathrooms 2 No. Employees ____

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

Water Supply: ☒ Individual ☐ Community ☐ Public

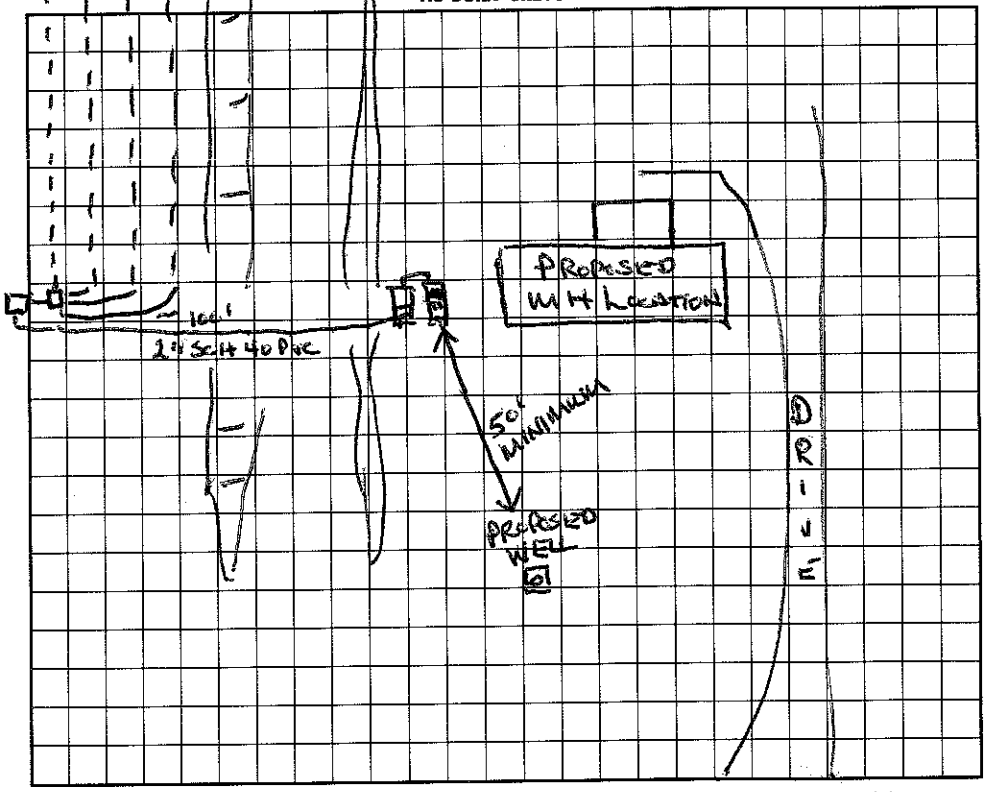
Comments: ~ 140-150 GAL PER DOSE
~ 2" Pipe inside manifold
during Zone ~ Alarm and
NEMA 4X box required.

INITIAL SITE SKETCH



Comments: 120 GALS PER DOSE @ .66 capacity

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. FERNHILL RD.

Signed: Deborah Phillips

Improvement Permit by: Wesley Sparks RS. date 12/30/94

Existing System Inspection by: _____ date _____

Installed by: Tinkerman

Certificate of Completion by: Wesley Sparks RS. date 6/95

Operation Permit by: _____ date _____

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