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. 16965 DATE 9/15/93 TAX MAP NO. 3F A95

OWNER OR CONTRACTOR W BONNER GUILFORD PHONE: Business 896-0773 Home 4649 09 2382

ADDRESS PERTH RD MOORESVILLE, NC.

LOCATION PERTH N, ON (R) JUST PAST FERNHILL, FOLLOW DRIVE TO HOUSE BELOW BARN

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ L.T.A.R. _____

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 794 Date 4/3/94

Pump Tank: 1099 Gallons; PT 29 Date 5/11/94

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

No Lines 3 Trench Width 3' Trench Depth 28" Gravel Depth 12"

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

System Description: PRESS TO CONV.

Repair System Description: PRESS. TO CONV.

Maintenance Agreement Required: ☑ Yes ☐ No SYR.

☑ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☑ No

☐ Mobile Home No. Bathrooms 2 Auto. Dishwasher: ☑ Yes ☐ No

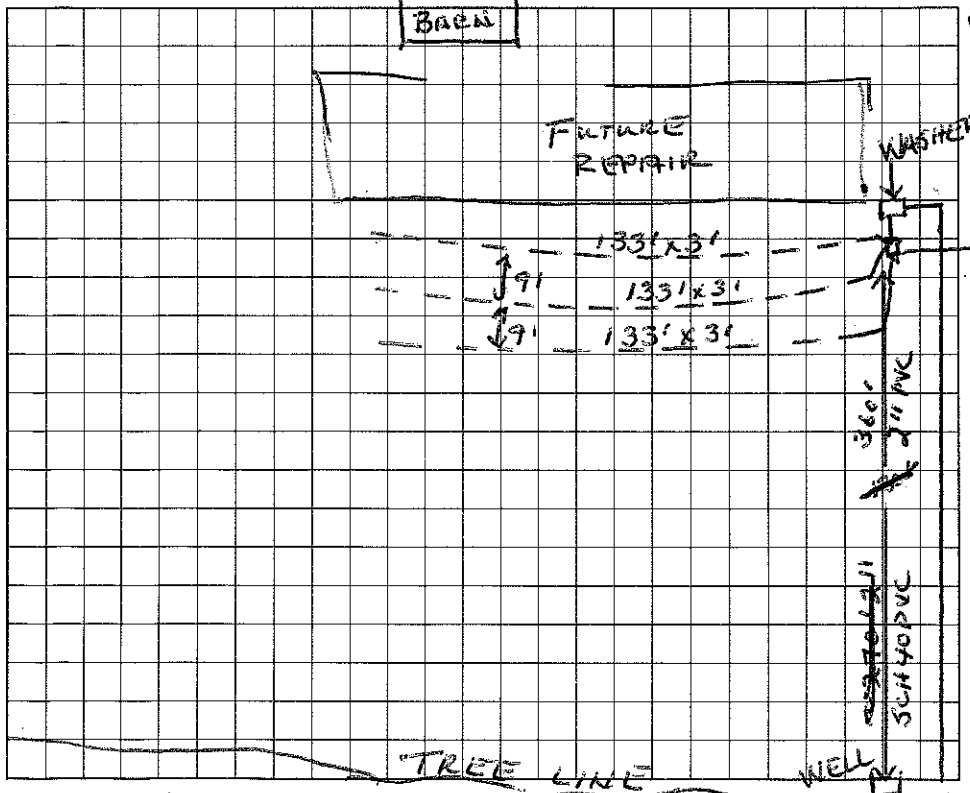
☐ Business No. Employees _____ Auto. Washing Machine: ☑ Yes ☐ No

☐ Other _____ Other _____

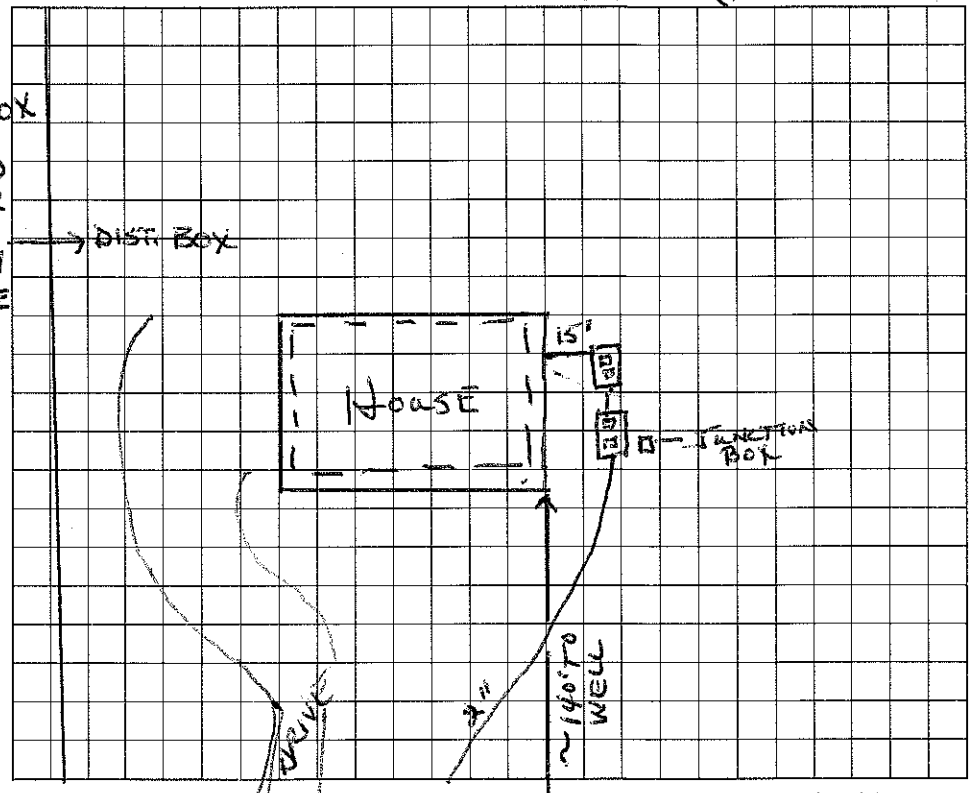
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Comments PRESSURE TO CONV. DRAINFIELD. 2 SEPERATE CIRCUITS TO NEMA 4X JUNCTION BOX AT PUMP TANK - HIGH WATER ALARM MOUNTED UNDER ROOF PRES. SUPPLY LINE TO HAVE 90° ELBOW TURNED DOWN INSIDE WASHER BOX 140 - 180 GAL PER DOSE - ~300 TOTAL SUPPLY LINE LENGTH

INITIAL SITE SKETCH



~~AS-BUILT SKETCH~~ INITIAL (HOUSE SITE)



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: Craig M. Rosemon

Improvement Permit by: Wesley Sparks RS date 9/15/93

Existing System Inspection by: _____ date _____

Installed by: Little Hawkins

Certificate of Completion by: Wesley Sparks RS date 5/31/94

Operation Permit by: _____ date _____

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