Site Address:

IREDELL COUNTY HEALTH DEPARTMENT

PIN # 4649-17-1413 ~~4649-09-9275~~

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

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 Charley 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 ~~K~~ 5 LOT AREA ~ 3.37 Ac SITE CLASS. P DESIGN FLOW 240 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 825 Date 4/12/95

Pump Tank: 1000 Gallons; PT 47 Date " "

Pump Make: _____ Model _____ Serial No. 4570

Nitrification Field: No. Fields 1 Square Feet 960 Linear Feet ~~480~~

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 No. Bedrooms 3 4

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

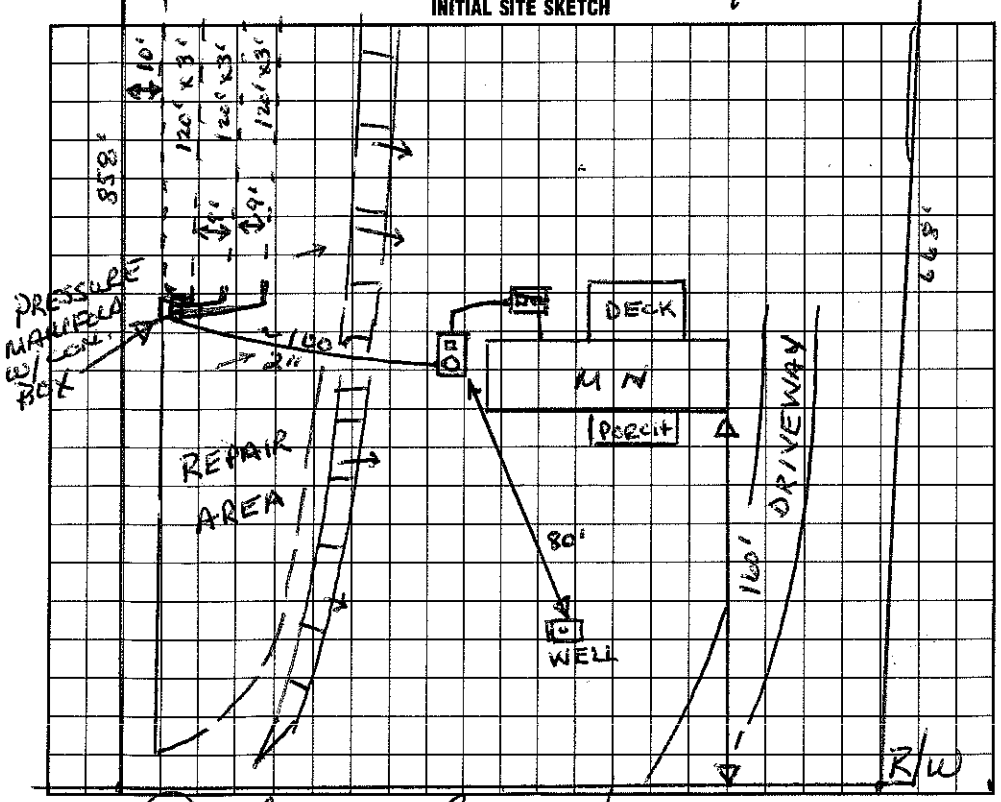
☐ Other _____

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

Water Supply: ☑ Individual ☐ Community ☐ Public

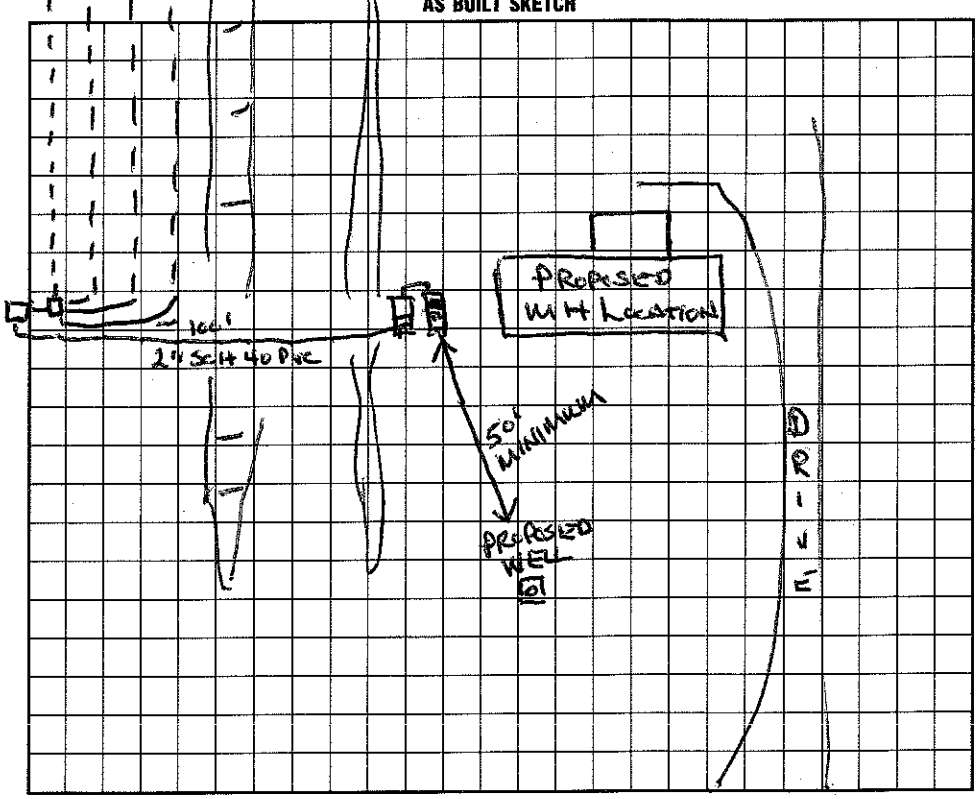
Comments:
- ~ 140-150 GAL PER DOSE
- ~ 2" PVC to end inside manifold
- Pump low - alarm and NEMA 4X box required.

INITIAL SITE SKETCH



Comments: 126 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. FERN HILL RD.

Signed: ~~Deborah Dilley~~

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

Existing System Inspection by: _____ date _____

Installed by: Tim Summons

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