4649705098

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. 16503 DATE 6/14/93 TAX MAP NO. 2R A6

OWNER OR CONTRACTOR J WAYNE NEILL JR. PHONE: Business _____ Home 663-1697

ADDRESS BARFIELD RD. MOORESVILLE, NC.

LOCATION BARFIELD RD., 1.4 MILES ON (L) AT END OF ROAD

SUBDIVISION N/A BLOCK / SECTION _____ LOT _____ LOT AREA ~1.75 AC SITE CLASS. P L.T.A.R. .25 - .3

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 358 Date 6/24/93

Pump Tank: _____ Gallons; PT _____ Date _____

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

No Lines 3 OR 4 Trench Width 3' Trench Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL

Repair System Description: CONVENTIONAL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ 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

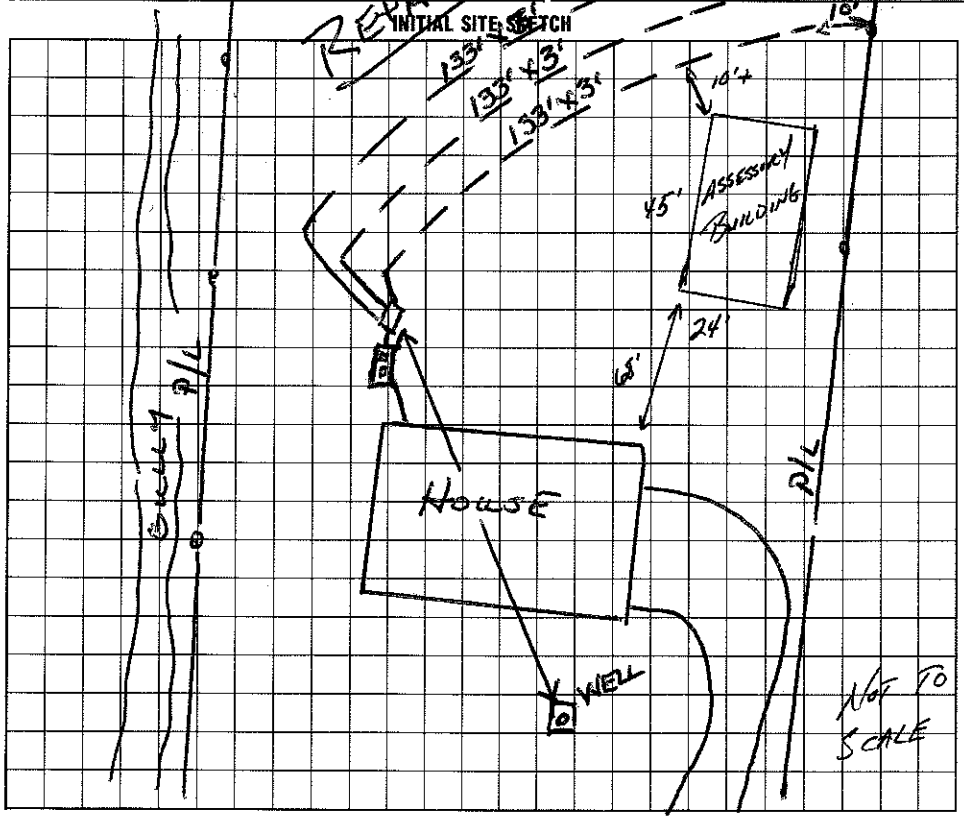
☐ Other _____ Other _____

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

Comments _____

REPAIR

INITIAL SITE SKETCH



AS BUILT SKETCH

* SEE ATTACHED DRAWING OF ASSESSORY BUILDING ADDITION. ATTACHED DRAWING IS TO SCALE.

Location of the proposed 24' x 45' ASS. BUILDING addition does not appear to impact the existing on-site septic system or well **NOTE: MAINTAIN 5' SEPERATION OR MORE FROM SEPTIC

REHS Date: 12/30/14

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.

Signed: X J Wayne Neill JR

Improvement Permit by: Wesley Sparks R.S. date 6/14/93

Existing System Inspection by: _____ date _____

Installed by: LARRY BEAM

Certificate of Completion by: Wesley Sparks R.S. date 8/20/93

Operation Permit by: _____ date _____

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