IREDELL COUNTY HEALTH DEPARTMENT

PIN# 4654-77-1762

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

2.30-3100 Level

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

PROPERTY DESCRIPTION NO. 19101 DATE 6/24/94 TAX MAP NO. 1C 7A 24 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR RAY MOZELEY / DAVIDSON DOWNES PHONE: Business 399-0695 Home @

ADDRESS 267 CANTEBURY ST. MOORESVILLE, NC. 28115

LOCATION SINK FARM RD. TO 3RD LOT ®

SUBDIVISION DAVIDSON DOWNES BLOCK / SECTION ____ LOT 112 LOT AREA ~1.6AC SITE CLASS. P DESIGN FLOW 360 L.T.A.R. 25.3

Septic Tank: 1000 Gallons; STB 794 Kellington Date 10/2/94

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 5 Trench Width 3' Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: CONV - DROP BOXES

Repair System Description: PRES. PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

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

Water Supply: ☑ Individual ☐ Community ☐ Public

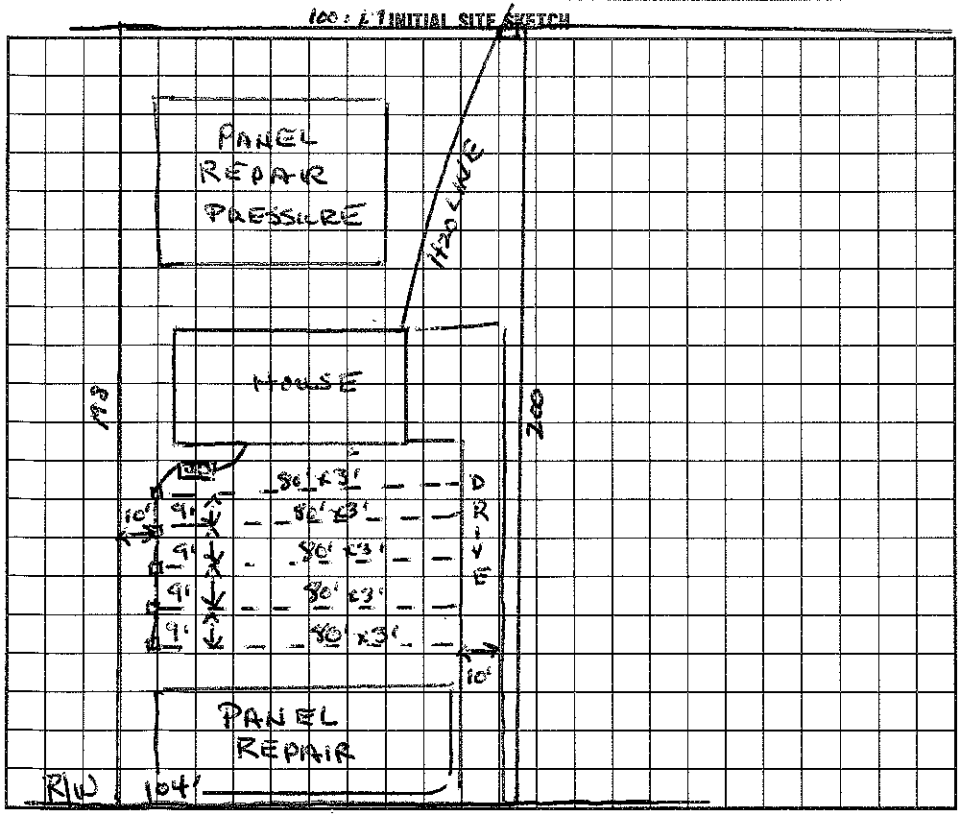
Comments:

KEEP TRENCHES SHALLOW - NO DEEPER THAN 30" TO TRENCH BOTTOM.

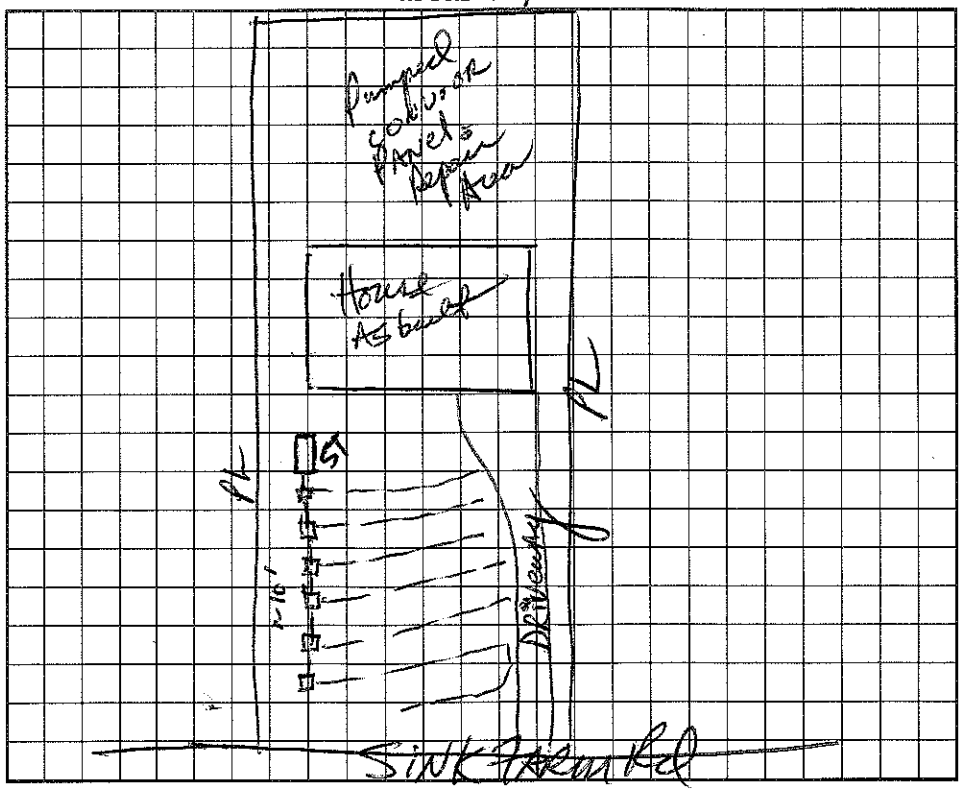
Comments:

House built w/ front entry garage which resulted in more of lot being disturbed. Entire front yard used w/ initial installation. Repair area is now back/rear yard.

100 : 1' INITIAL SITE SKETCH



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.

Signed: Ray G Mozelle

Improvement Permit by: Wesley Sparks RS date 6/24/94

Existing System Inspection by: ____ date ____

Installed by: Levon Benton

Certificate of Completion by: B Hinson RS date 11/17/94

Operation Permit by: ____ date ____

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