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. 19034 — DATE 6/22/94 TAX MAP NO. 1C 9A 7 / 4654-79-2929 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR WALTER ~~BROWN~~ BARTON PHONE: Business 892-6933 Home

ADDRESS 135 BERACAH PLACE MOORESVILLE

LOCATION MIDWAY LAKE RD. (R) ON BERACAH PLACE TO 9TH LOT ON (RC)

SUBDIVISION BERACAH PLACE BLOCK / SECTION 1 LOT 9 LOT AREA 1.01 AC. SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .25 - .3

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 32' Gravel Depth 12"

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

System Description: DROP BOX - CONV.

Repair System Description: PANEL

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

☐ Other ____

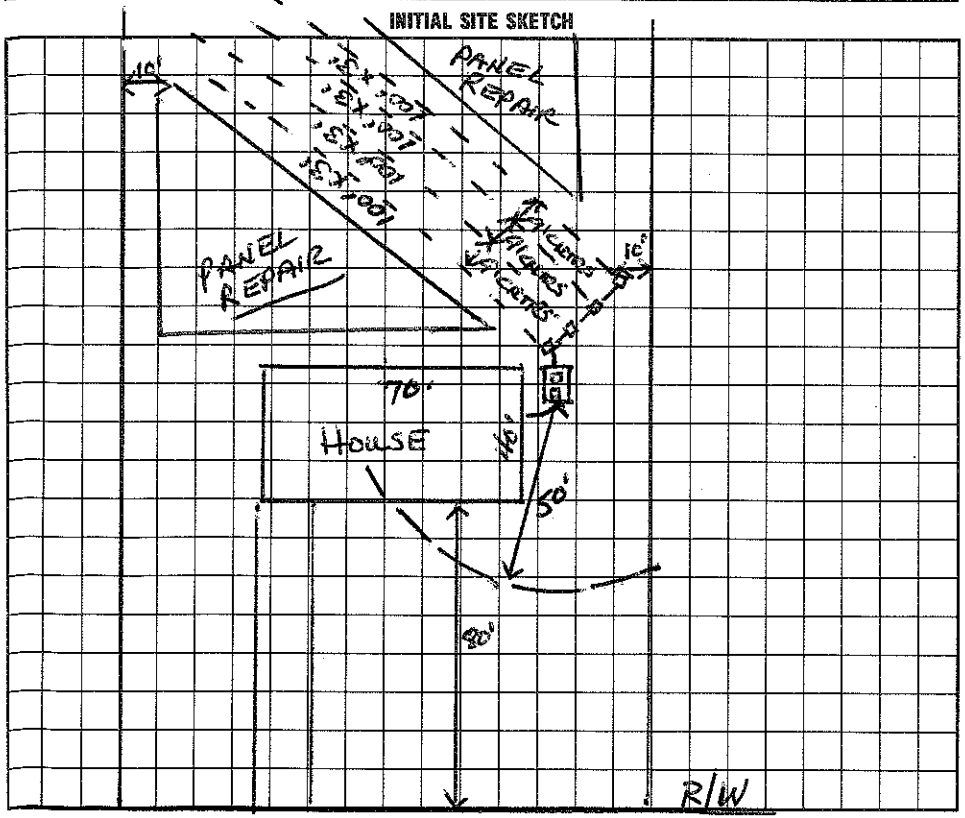
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

VOID

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: Walter Barton

Improvement Permit by: Wesley Sparks RS. date 6/22/94

Existing System Inspection by: ____ date ____

Installed by: ____

Certificate of Completion by: ____ date ____

Operation Permit by: ____ date ____

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