4655 525007

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. 17942 DATE 3/4/94 TAX MAP NO. N/A Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Gary Nance PHONE: Business _____ Home _____

ADDRESS Rt 1 Box 122 Mooresville, NC. 28115

LOCATION end of Nance Farm Rd.

SUBDIVISION Nance Farm BLOCK / SECTION _____ LOT NA LOT AREA 1.62 Ac SITE CLASS. P DESIGN FLOW 240 L.T.A.R. .4

Septic Tank: 1000 Gallons; STB 794 Date 4/27/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 100

No Lines 3 Trench Width 3' Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONV - DIST BOX

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees _____

☐ Other _____

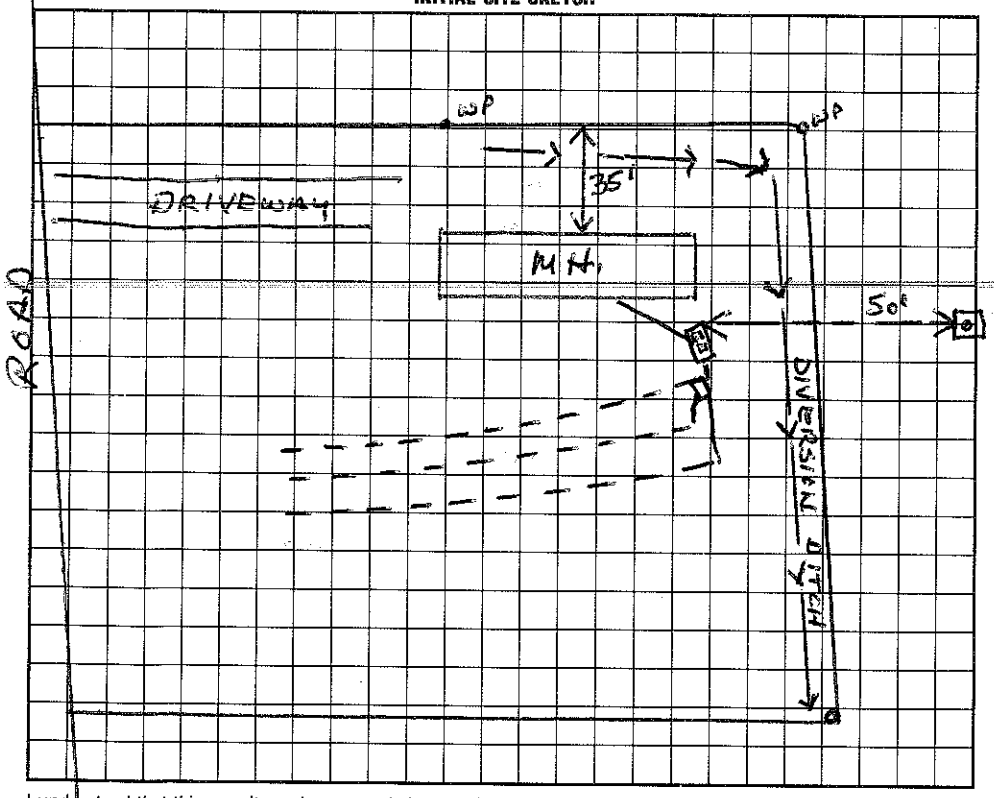
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

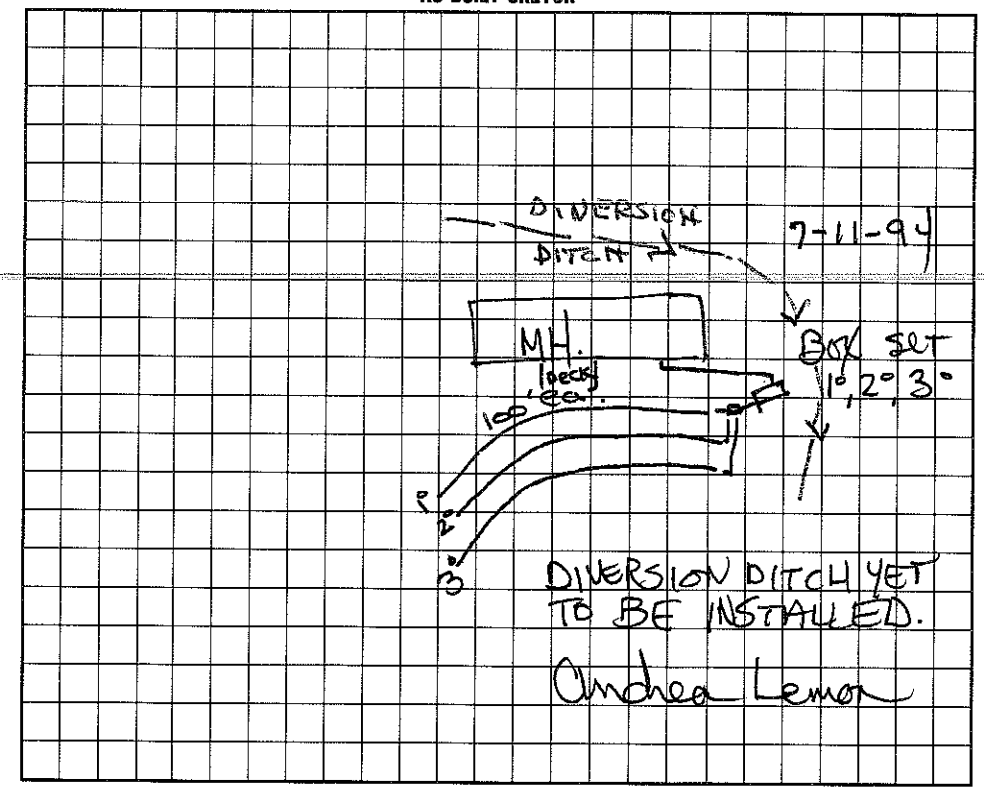
Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



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: Gary Nance

Improvement Permit by: Wesley Sparks RS. date 3/4/94

Existing System Inspection by: _____ date _____

Installed by: F.J. ERVIN

Certificate of Completion by: Wesley Sparks RS. date 7/15/94

Operation Permit by: _____ date _____

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