BROADMOOR HOMES

PIN# 4655-55-9690

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. 18672 DATE 3/9/95 TAX MAP NO. 1D-A-44 Pt FF Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Bill Mott (English Hills) PHONE: Business _____ Home 896-8784

ADDRESS PO Box 213 Mt Modeme NC 28123

LOCATION Faith Rd. TL English Hills Dr. (R) on Woodlawn Cir. first lot on (R) past PWR R/W

SUBDIVISION English Hills BLOCK / SECTION 3 LOT 32 LOT AREA ~1.8 Ac SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 9/30/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet ~~200~~ 240

No Lines 4 of 3 Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth 6" SAND

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

System Description: GRAVITY - PANEL

Repair System Description: Pressure Panel

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

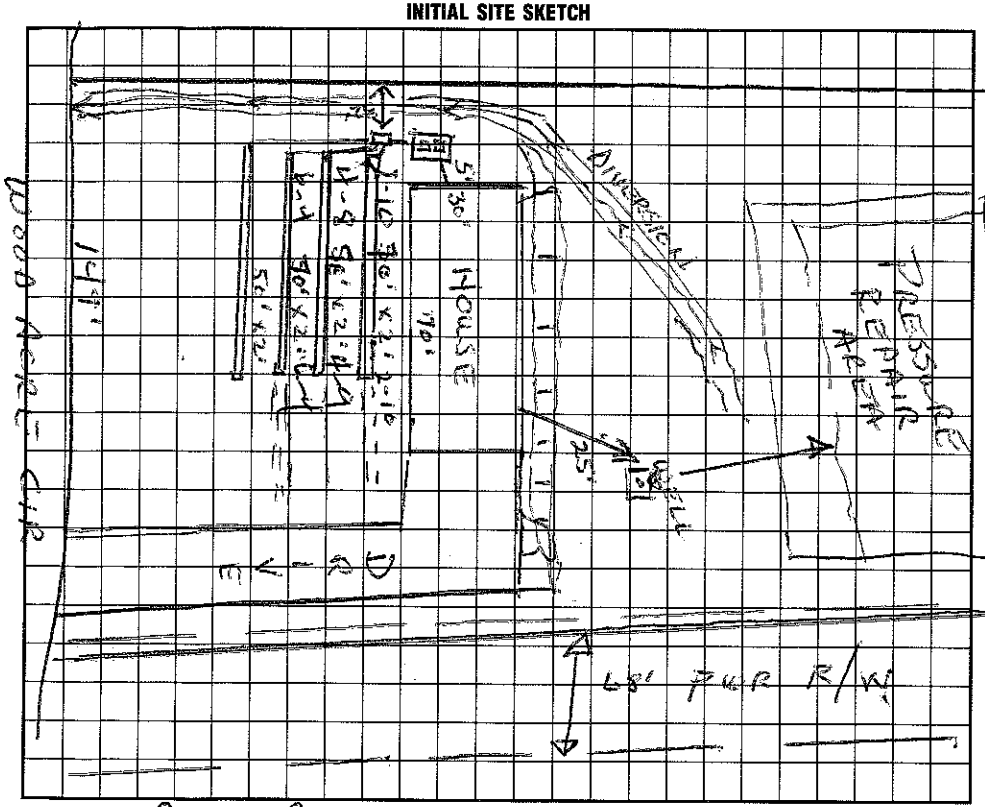
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Community
☐ Public

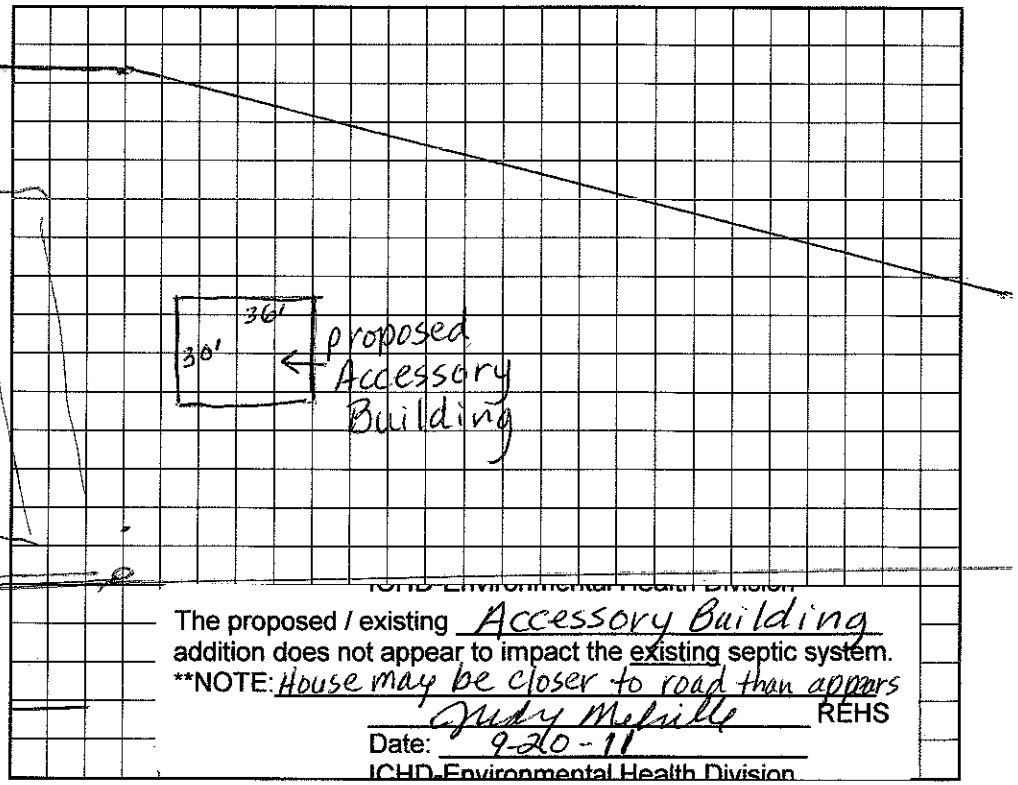
Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



ICHD-Environmental Health Division

The proposed / existing Accessory Building addition does not appear to impact the existing septic system.

**NOTE: House may be closer to road than appears

Judy Melville REHS

Date: 9-20-11

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: [signature]

Improvement Permit by: Wesley Sparks RS. date 3/9/95

Existing System Inspection by: _____ date _____

Installed by: Julian Bowles

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks RS. date 11/28/95

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