IREDELL COUNTY HEALTH DEPARTMENT

4655700355 PHN 4655-60-5927

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

3:30-4:00

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

PROPERTY DESCRIPTION NO. 18311 DATE 4/25/94 TAX MAP NO. 1C-9-A-20 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Bruce McCoy PHONE: Business _____ Home 875-8172

ADDRESS 163 Palomino Park Trail Mooresville, NC. 28166

LOCATION Midway Lyle Rd (R) off Faith Rd, TL on Beacon Rd, to 7th lot on (L)

SUBDIVISION Beacon Place BLOCK / SECTION _____ LOT 1 LOT AREA ~1.4C SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 794 Dettinger Date 10-7-94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines ~~4~~ 5 Trench Width 3' Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: CONV w DROP BOXES

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

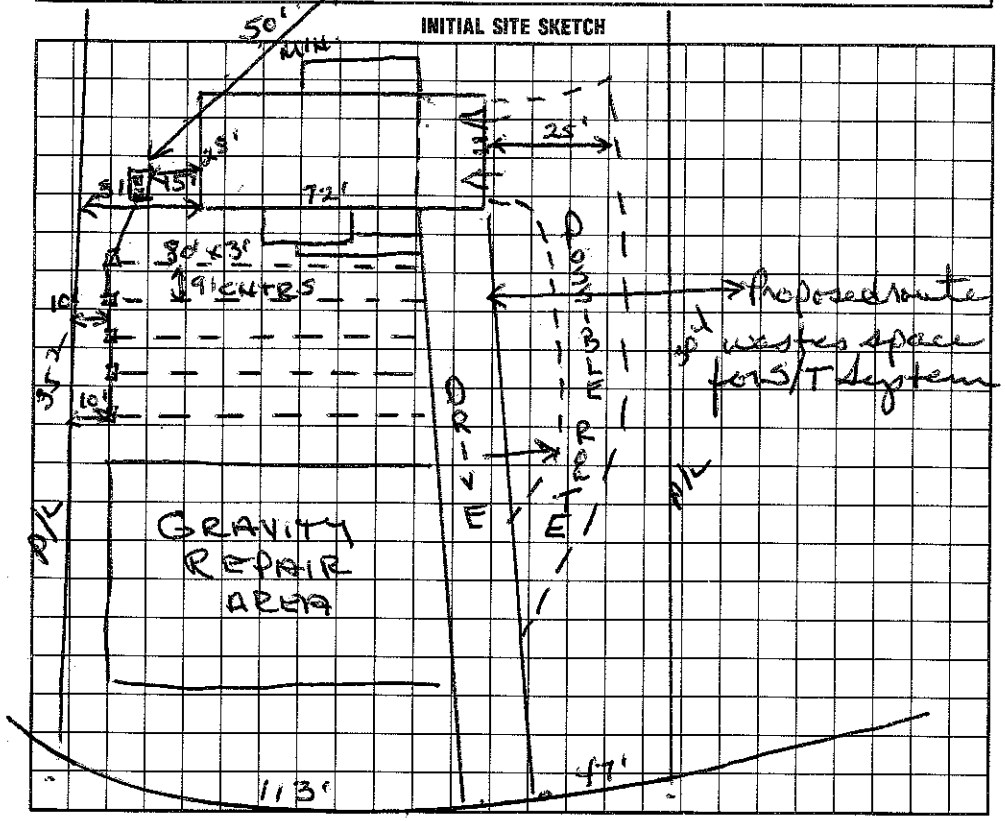
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

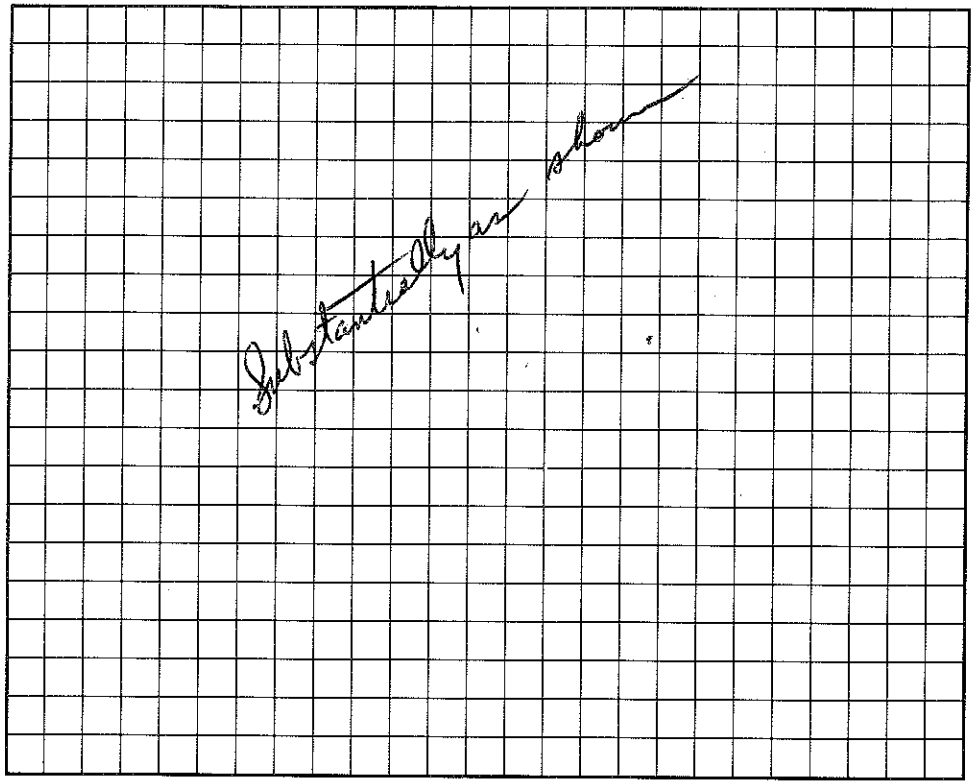
Comments: Keep trenches no deeper than 36" to trench bottom. Lines to follow slope contour in direction shown.

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: Beacon Rd. Jennifer McCoy

Improvement Permit by: Wesley Sparks RS. date 4/25/94

Existing System Inspection by: _____ date _____

Installed by: Jerry Tucker

Certificate of Completion by: DKHuneycutt, 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