IREDELL COUNTY HEALTH DEPARTMENT

4655-70-1893 COPY 3:30-4:00

STATESVILLE 704-878-5305 MOORESVILLE 704-664-52[illegible]

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

PROPERTY DESCRIPTION NO. 17951 DATE 3/24/94 TAX MAP NO. 1C 9A 20A Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Gregory R. Thompson PHONE: Business 348-2149 Home 537-3569

ADDRESS 1701-14 Chatelwood Dr. Charlotte, NC 28212

LOCATION Beacon Rd, (R) off Mooresville Lake, to 8th lot on (L)

SUBDIVISION Beacon Place BLOCK / SECTION 1 LOT 20 LOT AREA 1.03AC SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB NA Hellinger 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 5 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: CONV - DROP BOX

Repair System Description: PRESS - CONV.

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

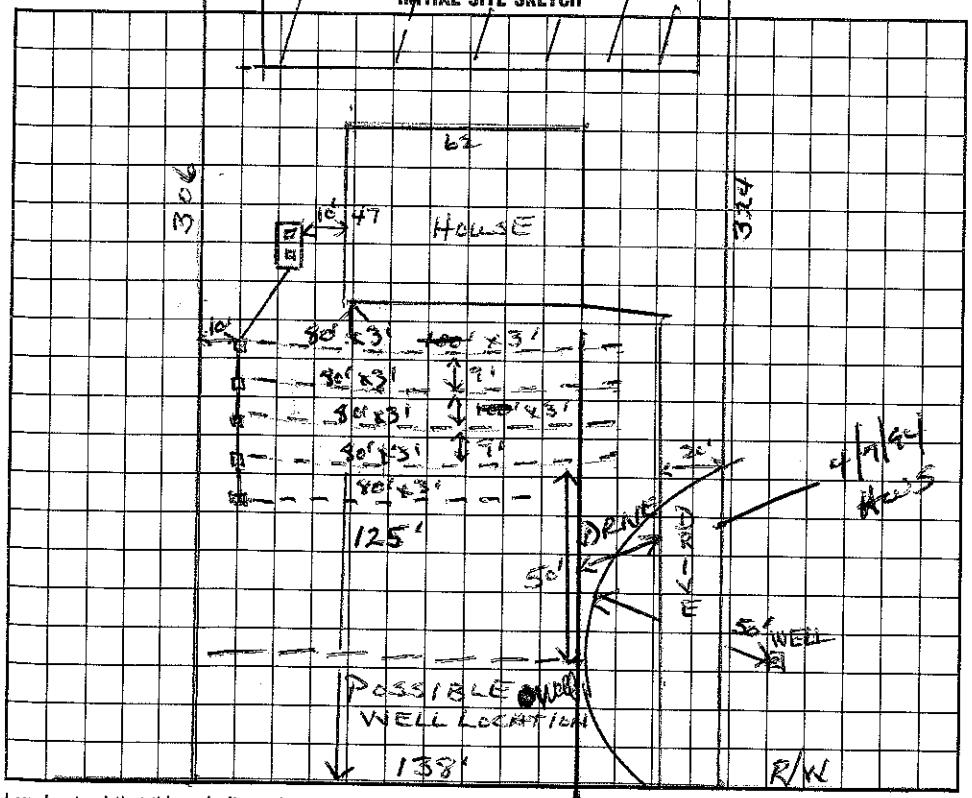
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: 139'

30" TRENCH DEPTH CONTOURS

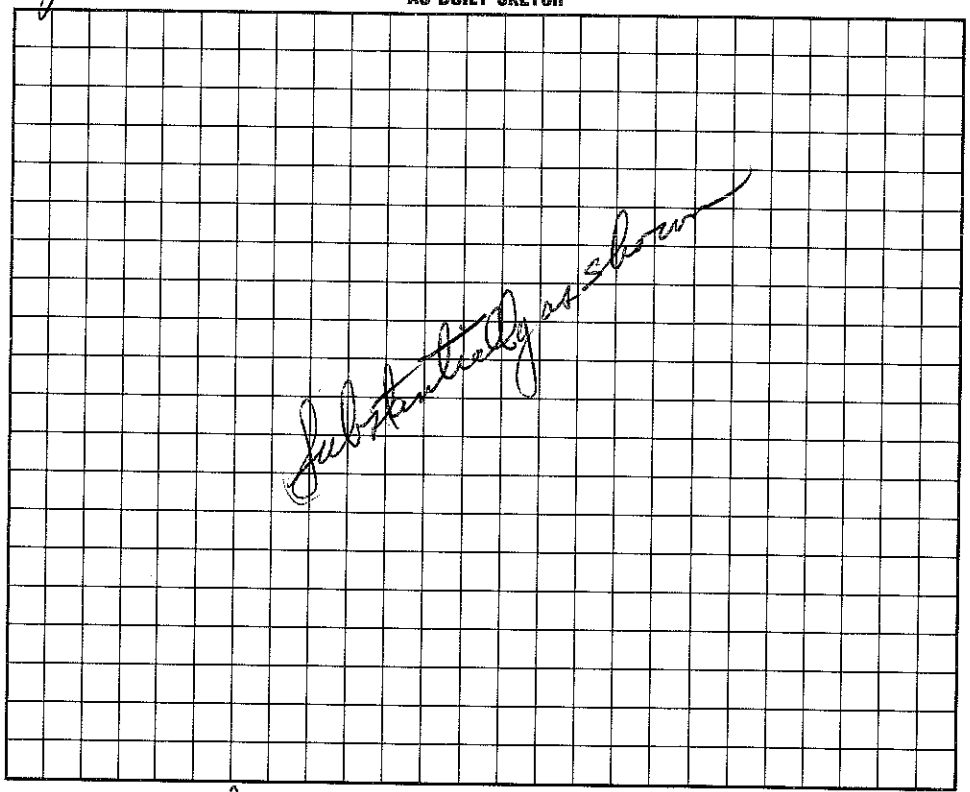
PRESSURE CONV. REPAIR

INITIAL SITE SKETCH



Comments: Front entry garage built. Well approx. 65' downslope from lowest lateral. Future repair will require the use of a pump to the rear/back yard.

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: Gregory R Thompson

Improvement Permit by: Wesley Sparks RS date 3/24/94

Existing System Inspection by: _____ date _____

Installed by: Jerry Tucker

Certificate of Completion by: D Huffman, 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