# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 18777 DATE 7/26/94 TAX MAP NO. 1KA 42E Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Kathy Coone Long PHONE: Business _____ Home 664-5081

ADDRESS 195E Waterlynn Rd. Mooresville, NC. 28115

LOCATION 115 S TR on Waterlynn Rd. X Track to first Pasture on (R)

SUBDIVISION N/A BLOCK / SECTION ~~A~~ LOT ~~A~~ 1 LOT AREA 1.5AC SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB ~~1000~~ 794 Date 7/16/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet ~~360~~ 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30"

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

System Description: CONV

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth 12" ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

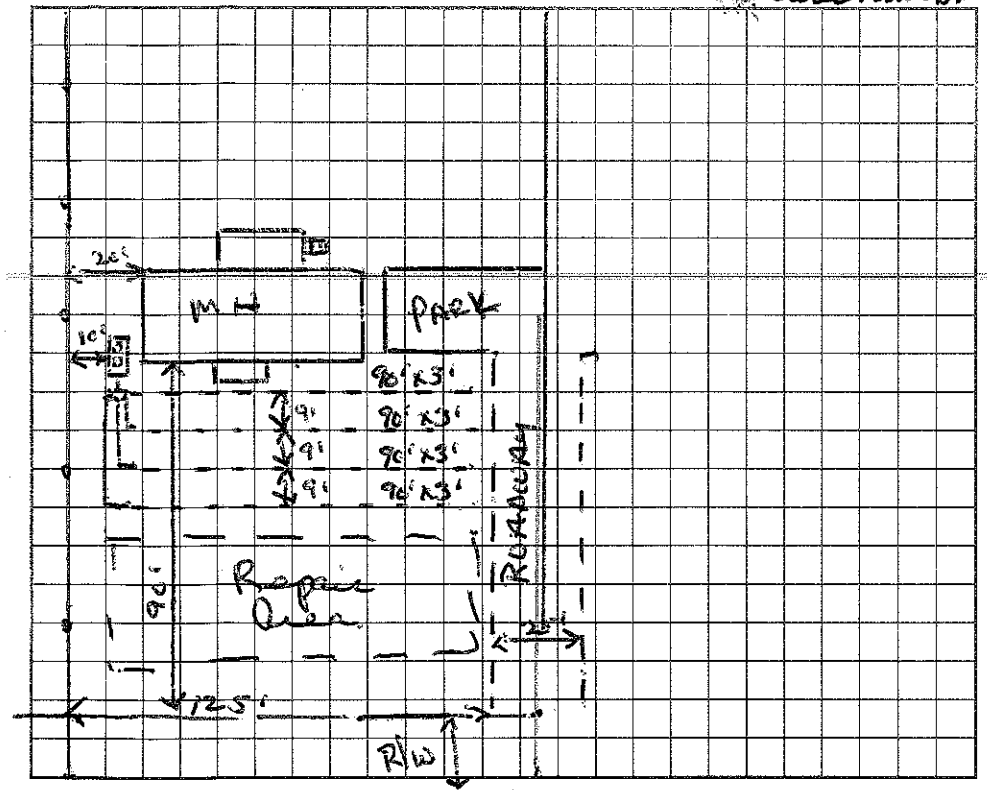
Water Supply: ☑ Individual ☐ Community ☐ Public PROPOSED

Comments: Keep trenches shallow 30" on contour in direction shown.

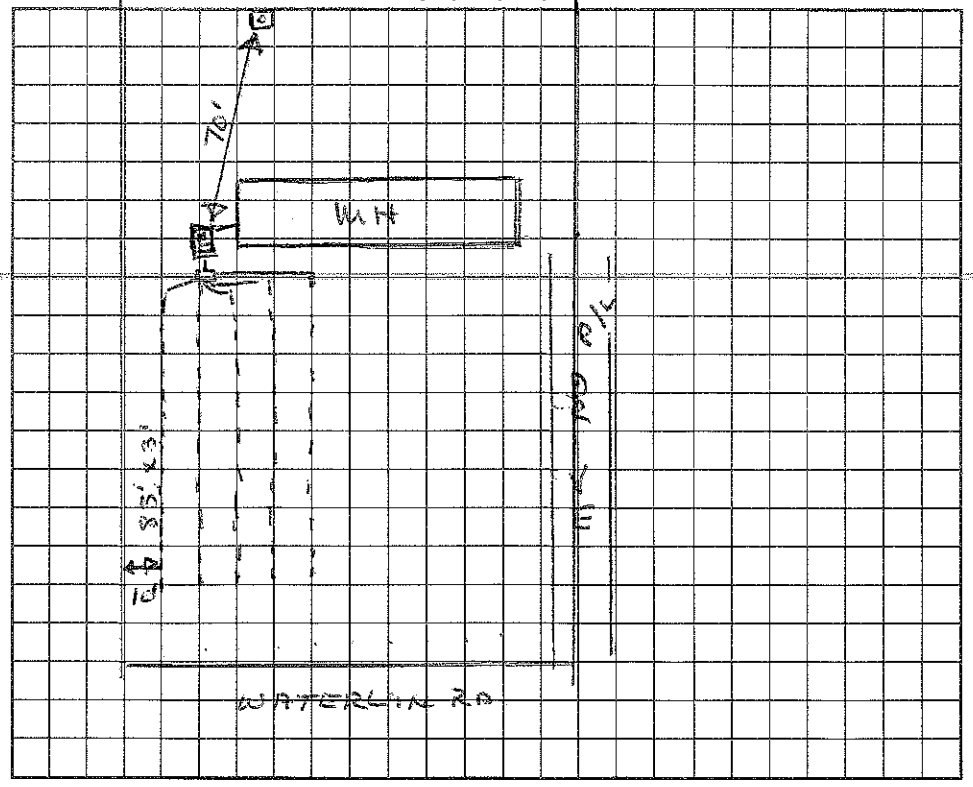
8/11/94 Contour slightly diagonal across site. Run trenches in this direction. JRT

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: x Kathy Coone Long

Improvement Permit by: Wesley Sparks RS. date 7/26/94

Existing System Inspection by: _____ date _____

Installed by: F J Ervin

Certificate of Completion by: Wesley Sparks RS. date 10/20/94

Operation Permit by: _____ date _____

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