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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. 18827 DATE Aug 10, 94 TAX MAP NO. 1KA 42E (part of) Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Kathy C. Long PHONE: Business _____ Home _____

ADDRESS 195 E. Waterlynn Rd, S Mooresville

LOCATION 115 S. TR Waterlynn Rd. x LR 2nd MH on Rt.

SUBDIVISION _____ BLOCK / SECTION _____ LOT 2 LOT AREA 1Ac SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 6/25/94

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 36" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

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

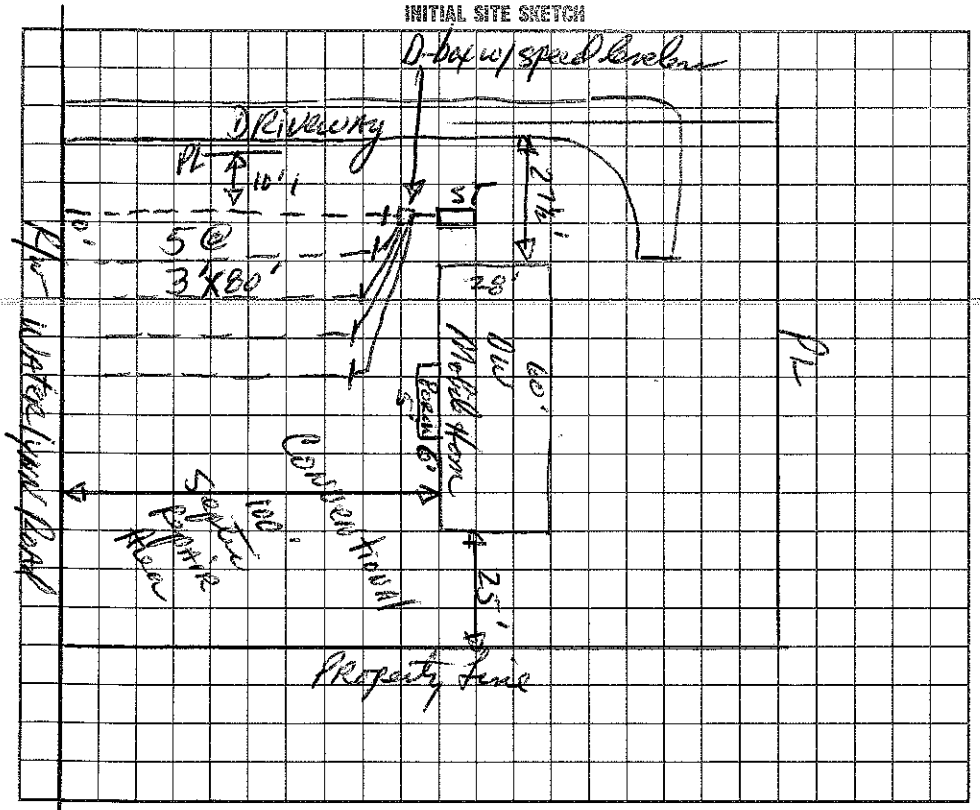
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments:

Installed as shown on Disp. Permit

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: T.C.B. Long

Improvement Permit by: Mark D. Harrison RS date 8/10/94

Existing System Inspection by: _____ date _____

Installed by: F J Erwin

Certificate of Completion by: Wesley Sparks RS. date 10/21/94

Operation Permit by: _____ date _____

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