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. 2326 DATE 6/3/93 TAX MAP NO. 1D 1B 41

OWNER OR CONTRACTOR BILLY MILLER PHONE: Business Home 663-4305

ADDRESS R+11 Box 115 Mooresville

LOCATION ALMOND RD, OFF MACKWOOD RD.

SUBDIVISION N/A BLOCK / SECTION LOT LOT AREA SITE CLASS. P L.T.A.R. .3

Water Supply: ☐ Individual ☐ Community ☐ Public

Septic Tank: 2 @ 1000 Gallons; STB Date

Pump Tank: 1 @ 1000 Gallons; PT Date

Nitrification Field: No Fields 1 Square Feet 1560 Linear Feet 520

No Lines 4 Trench Width 3' Trench Depth 36" Gravel Depth 12"

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

System Description: CONV

Repair System Description: CONV

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 4 TOTAL No. Bathrooms No. Employees

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

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

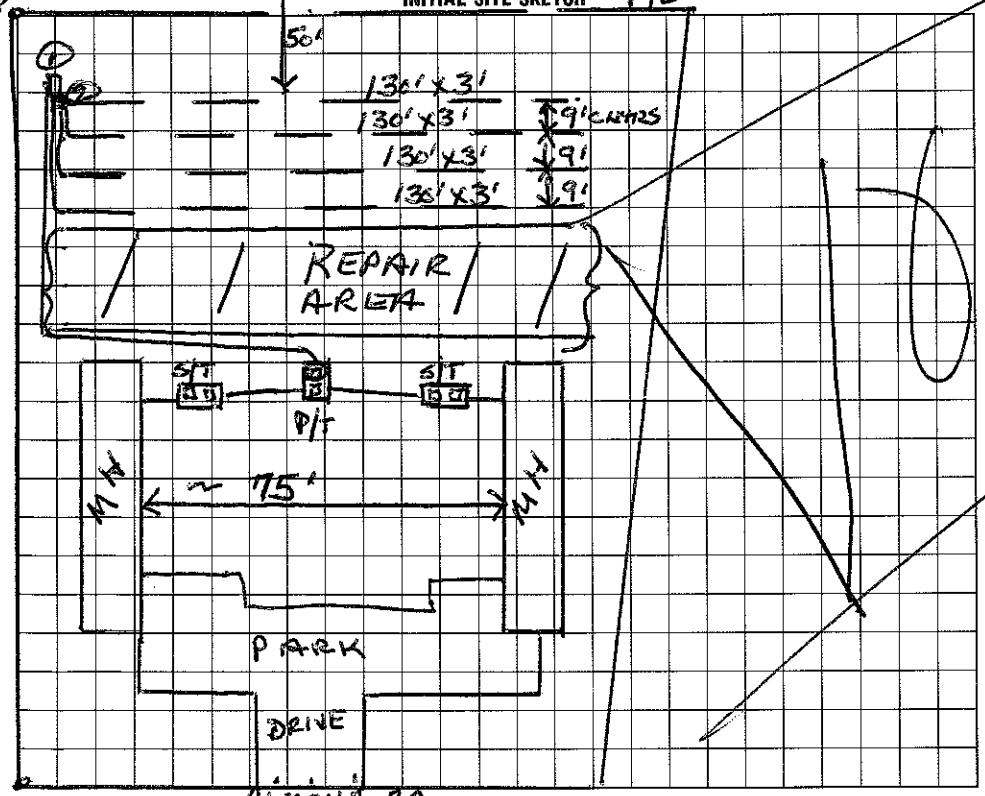
Auto. Washing Machine: ☑ Yes ☐ No

Other

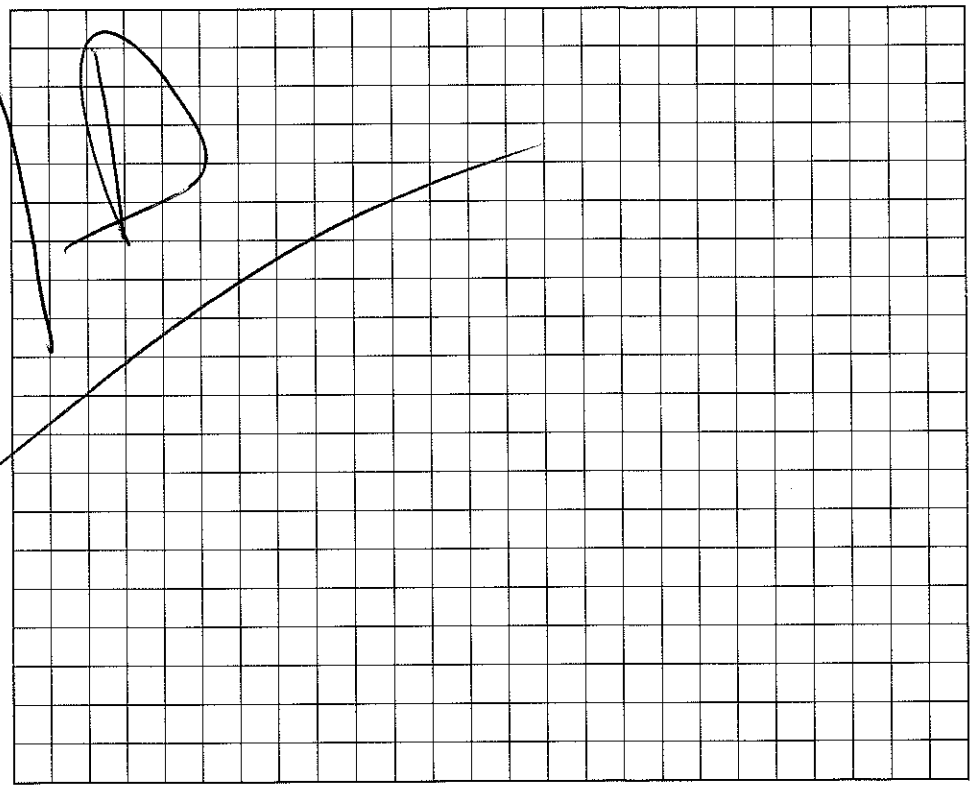
Comments 1 - WASHER BOX 2 - DIST BOX ALARM MOUNTED INSIDE ONE TRAILER
RISER ABOVE FINISHED GRADE OF YARD. REPAIR AREA REQUIRED
DUE TO MULTIPLE RESIDENCES ~480 GPD. DESIGNED FLOW

IP

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: B. H. Miller

Improvement Permit by: Wesley Sparks R.S. date 6/3/93

Existing System Inspection by: date

Installed by:

Certificate of Completion by: date

Operation Permit by: date

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