PIN# 4657-48-7509

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. 2374 DATE July 9 1993 TAX MAP NO. 1M-14-A-T

OWNER OR CONTRACTOR KEITH CARROLL PHONE: Business ——> Home 664-1155

ADDRESS PO Box 431 Mt Mourne, NC

LOCATION on EASTSIDE OF Hwy 21 .4/10 mi North of Hwy 150. follow left fork to last turn before culdesac, on right

SUBDIVISION BRANTLEY ACRES BLOCK / SECTION ____ LOT 9 LOT AREA 20,000SqFt SITE CLASS. P L.T.A.R. 0.25

Water Supply: [X] Individual [ ] Community [ ] Public

Septic Tank: 1000 Gallons; STB 358 Date 8/24/93

Pump Tank: NA Gallons; PT ____ Date ____

Nitrification Field: No. Fields 1 Square Feet 1440 Linear Feet 480'

No Lines 4 Trench Width 36" Trench Depth 20-24" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI

System Description: gravity conventional

Repair System Description: gravity conv/panel

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3 Garbage Disposal: [ ] Yes [X] No

[ ] Mobile Home No. Bathrooms 2 Auto. Dishwasher: [X] Yes [ ] No

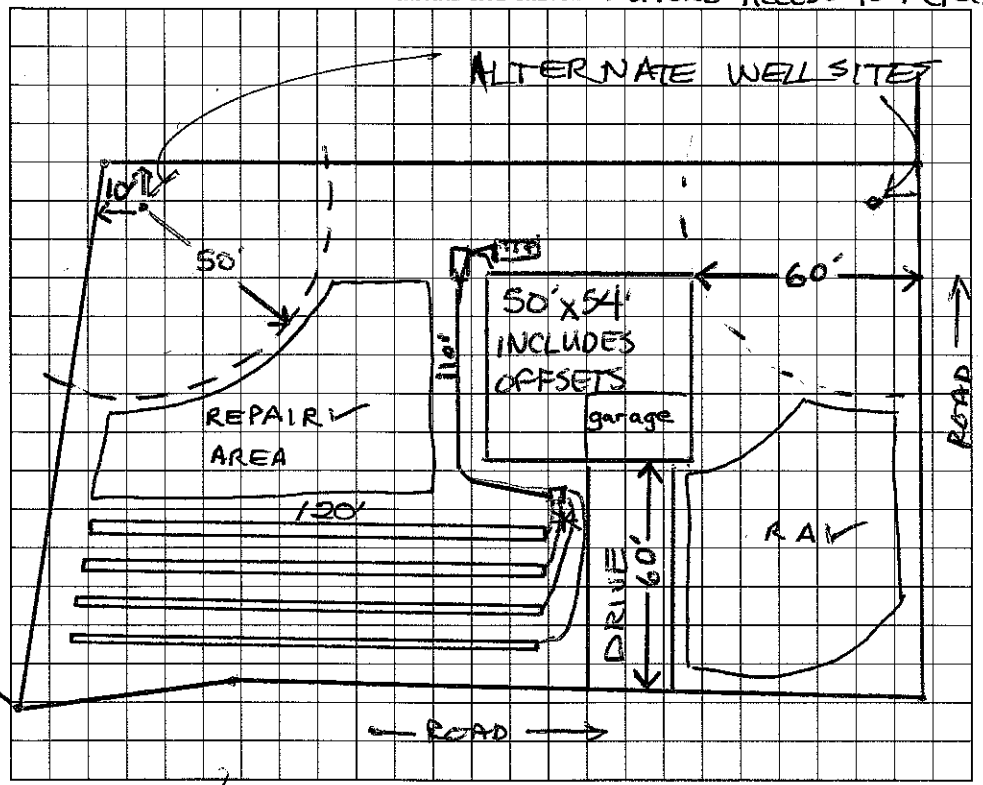
[ ] Business No. Employees ____ Auto. Washing Machine: [X] Yes [ ] No

[ ] Other ____ Other ____

[X] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Comments * DISTRIBUTION MAY BE DONE 4 LINES FROM ONE D.BOX OR FROM FLOW DIVIDER TO TWO D.BOXES. DO NOT INSTALL DURING WET SOIL CONDITIONS OR RAIN. DIVERT ROOF RUNOFF AND UPSLOPE RUNOFF AWAY FROM SYSTEM TO FRONT ROAD DITCH OR DOWN DRIVE TO SIDE ROAD DITCH. MAY INSTALL SCH 40 OR GREATER CONDUIT IN DRIVEWAY CONCRETE & CAP IT, FOR FUTURE ACCESS TO REPAIR AREA.

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS DRAWN.

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: Keith Carroll

Improvement Permit by: Andrea Lemon date 7-9-93

Existing System Inspection by: ____ date ____

Installed by: FJ Erwin

Certificate of Completion by: Wesley Sparks RS. date 10/15/93

Operation Permit by: ____ date ____

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