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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. 15899 DATE 2/18/94 TAX MAP NO. Pt of IL A 20 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Douglas R. Souther PHONE: Business _____ Home 664-3063

ADDRESS Rt 4 Box 891 Mooresville, NC

LOCATION Bailey Rd, 3RD house from end paved on ⓛ, down dirt TR to end of line

SUBDIVISION N/A BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 358 Date 12/27/93

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 460

No Lines 6 Trench Width 3' Max Trench Bottom Depth 28-29" Gravel Depth _____

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

System Description: CONV - DROP BOXES

Repair System Description: 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

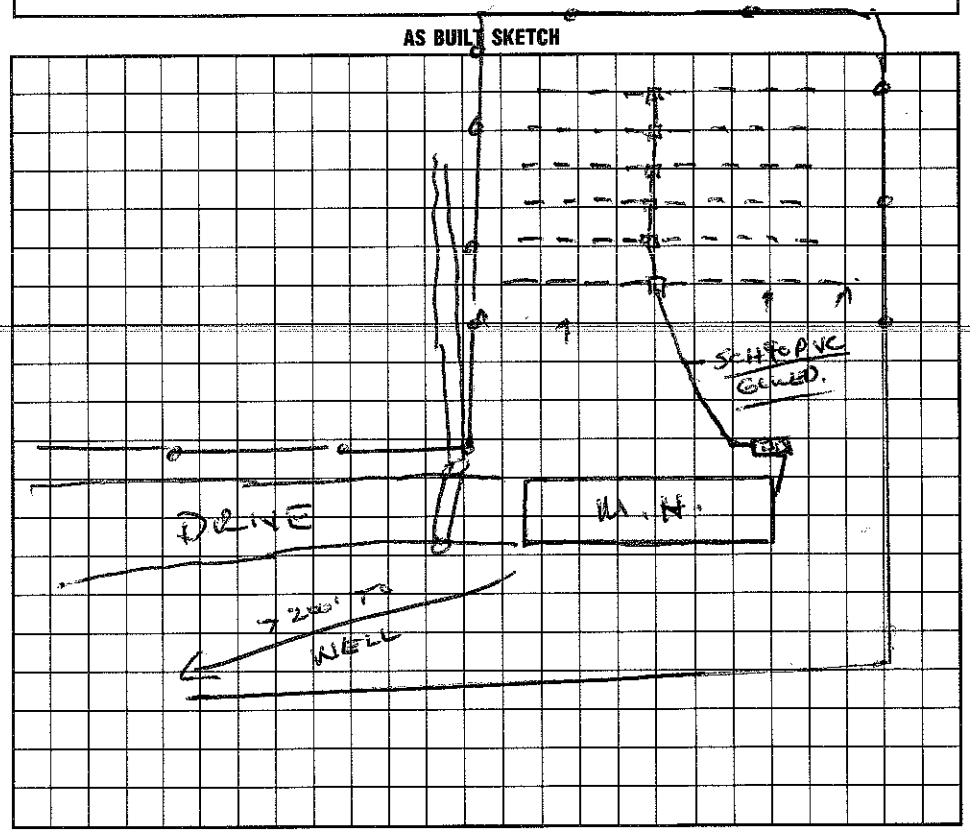
Water Supply:
☑ Individual
☐ Community
☐ Public
NEIGHBORS

Comments:

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: _____ Installed by: Souther

Improvement Permit by: _____ date _____ Certificate of Completion by: Wesley Sparks RS. date 2/18/94

Existing System Inspection 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