2319
Mooresville

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR David & michelle Campbell DATE 5-27-93 PERMIT NO. Im A 59

PHONE: Business _____ Home _____

LOCATION @ 115N of mooresville TO Rhinehardt RD
1mi on left S.R. No. _____

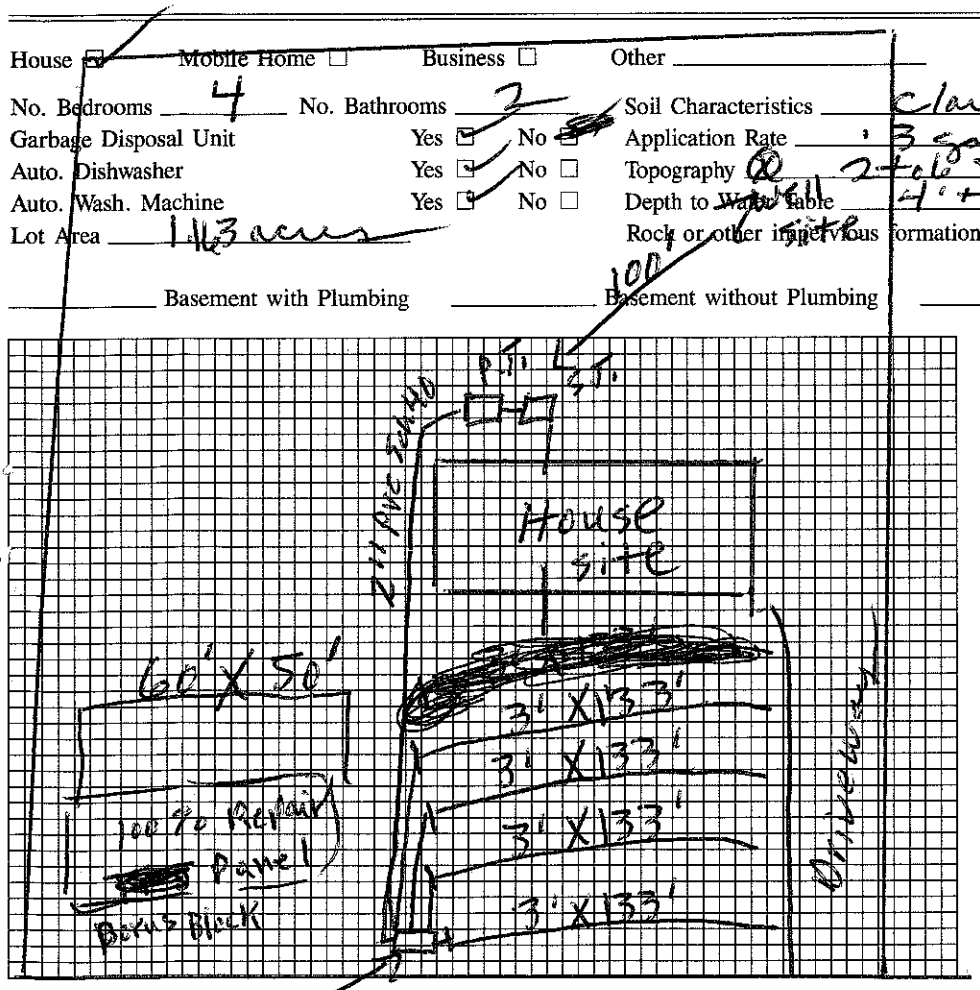
SUBDIVISION NAME Ervin property LOT NO. 2 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 2 Soil Characteristics Clayey Class IV A
Garbage Disposal Unit Yes ☑ No ☐ Application Rate .3 gal/ss' Hour
Auto. Dishwasher Yes ☑ No ☐ Topography @ 2 to 20
Auto. Wash. Machine Yes ☑ No ☐ Depth to Water Table 4'+
Lot Area 1.13 acres Rock or other impervious formations none

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space

Size of Tank 1500 S.T. 1500 gal. Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1600 Linear Ft. 533.3
Depth of Stone in Lines 12"
Water Supply: Individual ☐
Public ☐



Plot of System (Not to Scale)

Installed by _____

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: David M. Campbell
(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

See Attached sheet for Pump set up.

IMPROVEMENT PERMIT BY R. C. Moore

COMMENTS use pressure manifold with 5 1/2" Taps with 2" Gate Valve before manifold & 2' Test Tube for 1/2 Tap on Top of manifold, use Pump That will deliver 40 gal/min at 30' Total Head

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold