4658970457

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. 18148 DATE 6/9/94 TAX MAP NO. 10 A 52 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Paul Combs PHONE: Business _____ Home 664-3290

ADDRESS Rt 4 Box 959 Mooresville, NC.

LOCATION 115 N TR Shinnville Rd, Tr 1st Gravel Road, upper part of lot just below white house on corner

SUBDIVISION Combs BLOCK / SECTION _____ LOT N/A LOT AREA ~ 10,000 SQFT SITE CLASS. U → (P) DESIGN FLOW 240 L.T.A.R. .2 AT 24"

Septic Tank: 1000 Gallons; STB 1012 Date 7/19/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines X 4 Trench Width 3' Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: ULTRA SHALLOW - CONV.

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 1 No. Employees ____

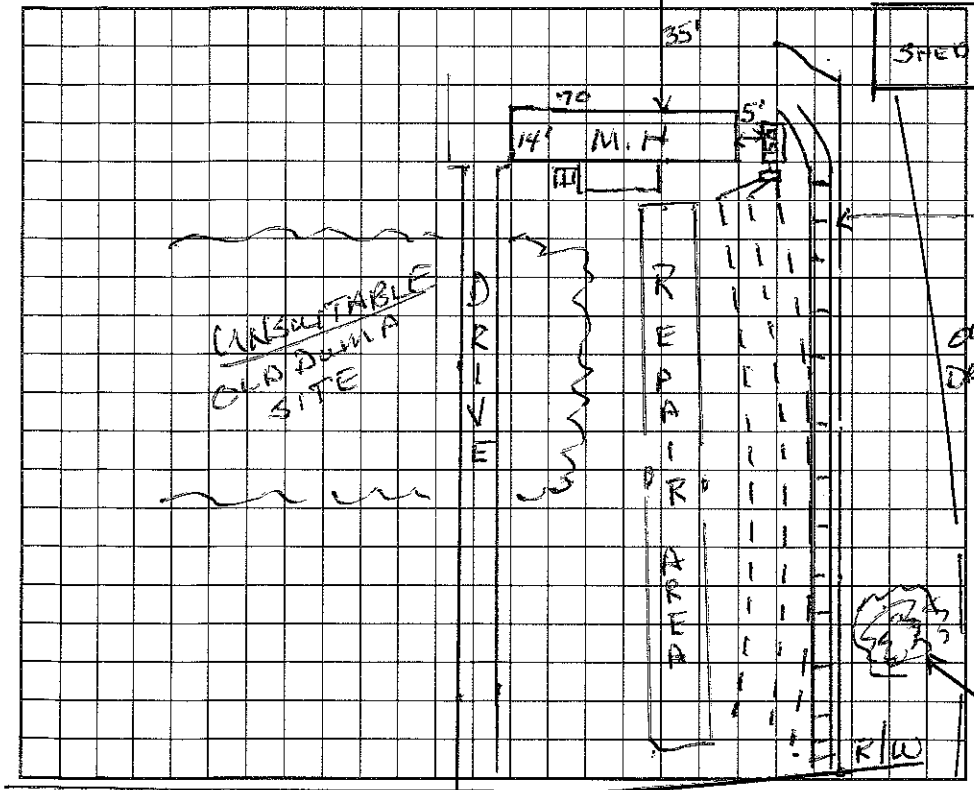
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

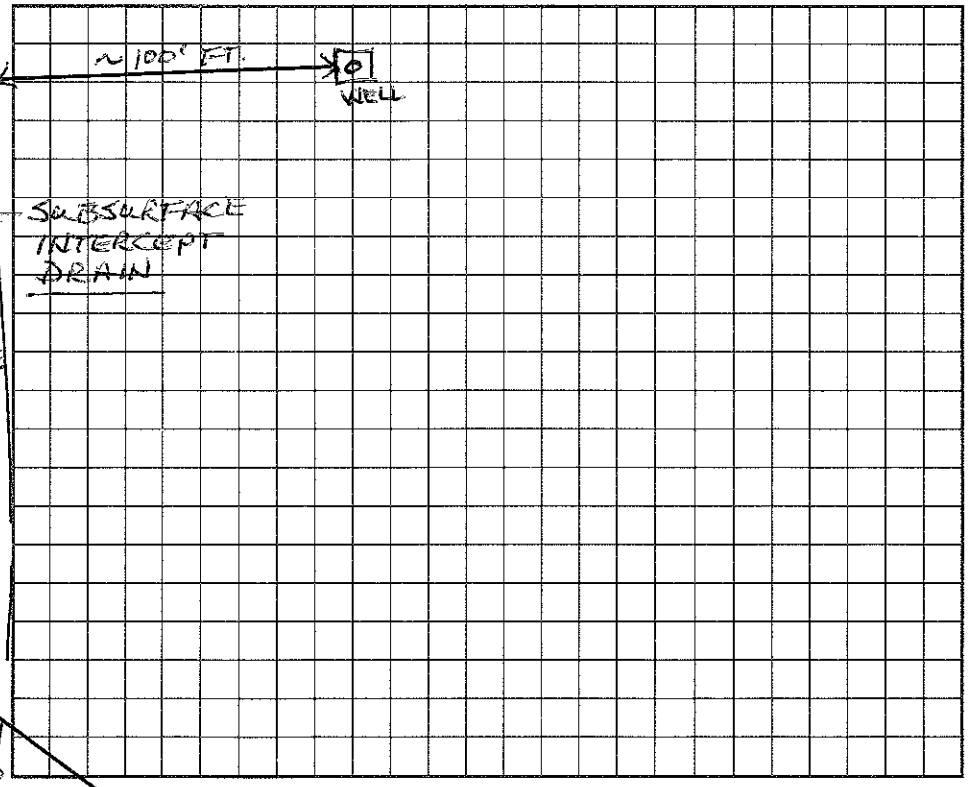
Comments: PROVISIONAL FOR TRENCHES NO DEEPER THAN 24" BOTTOMS ANY DEEPER WILL BE UNSUITABLE. SUBSURFACE INTERCEPT DRAIN REQUIRED BEFORE COMPLETION

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: Paul Combs 6-9-94

Improvement Permit by: Wesley Sparks RS. date 6/9/94

Existing System Inspection by: _____ date _____

Installed by: Richard Abernathy

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

Operation Permit by: _____ date _____

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