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. 15507 DATE 8/27/93 TAX MAP NO. IR 1412 4659-14-7190 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR JC YOUNG PHONE: Business _____ Home 528-4395

ADDRESS PO BOX 1462 MOORESVILLE, NC 28115

LOCATION PARKERTOWN RD. ~1/3 MILE ON (L) NEXT TO CAR LOT

SUBDIVISION CLARK ESTATE BLOCK / SECTION 1 LOT 5(12) LOT AREA ~20,000 FT² SITE CLASS. P DESIGN FLOW .3-.35 L.T.A.R. 360 GPD.

Septic Tank: 1000 Gallons; STB 358 Date 6/30/93

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 200 Linear Feet 400

No Lines 4 Trench Width 3' Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees _____

☐ Other _____

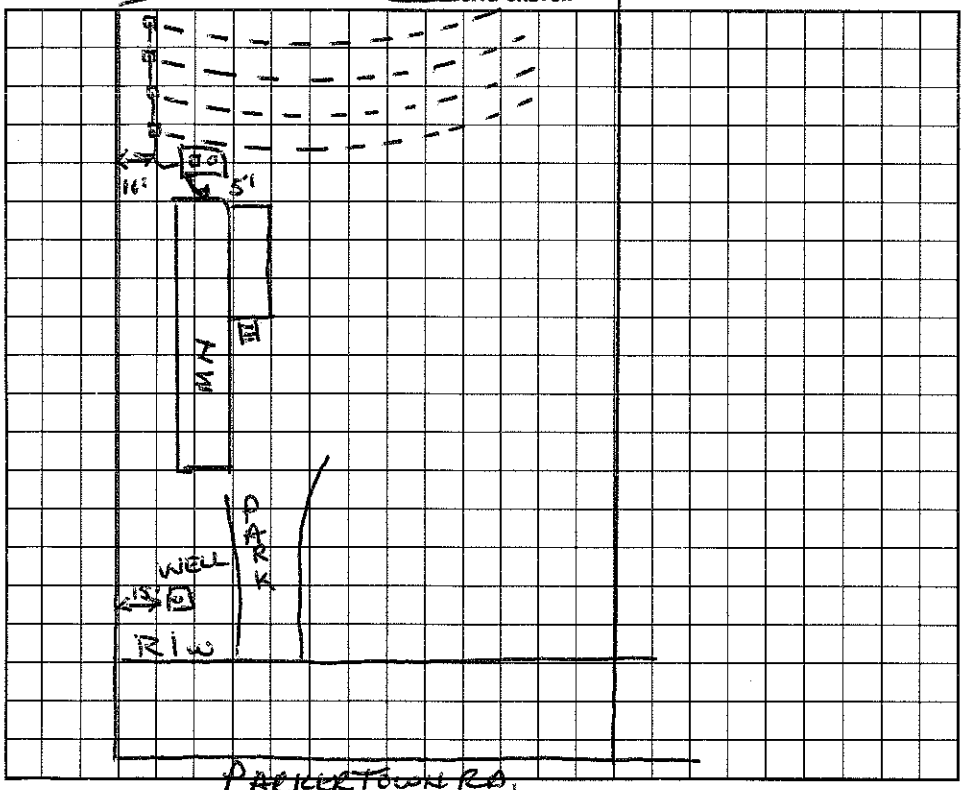
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments:

~~INITIAL~~ AS BUILT 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: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: Clyde Young

Certificate of Completion by: Wesley Sparks RS. date 10/27/93

Operation Permit by: _____ date _____

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