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. 17947 DATE 3/10/94 TAX MAP NO. 4E-A-4 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR KEITH CARROLL ~~PHONE: Business~~ 476-3476-7578 Home 664-1155

ADDRESS WESTMOR LAND RD. MOORESVILLE, NC. 28115

LOCATION 115N TR WESTMORLAND TR ON EQUESTRIAN DR. TR ON HORSESTABLE ON(L) OFF CULDESAC

SUBDIVISION LAUREL WOOD BLOCK / SECTION 1 LOT 12 LOT AREA ~.46 AC SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 5-02-94

Pump Tank: na Gallons; PT ____ Date ____

Pump Make: na Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1260 Linear Feet X 210

No Lines 3 Trench Width 2' Max Trench Bottom Depth 30-32" Gravel Depth 6" SAND

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

System Description: GRAVITY - 16" PANEL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

☐ Other ____

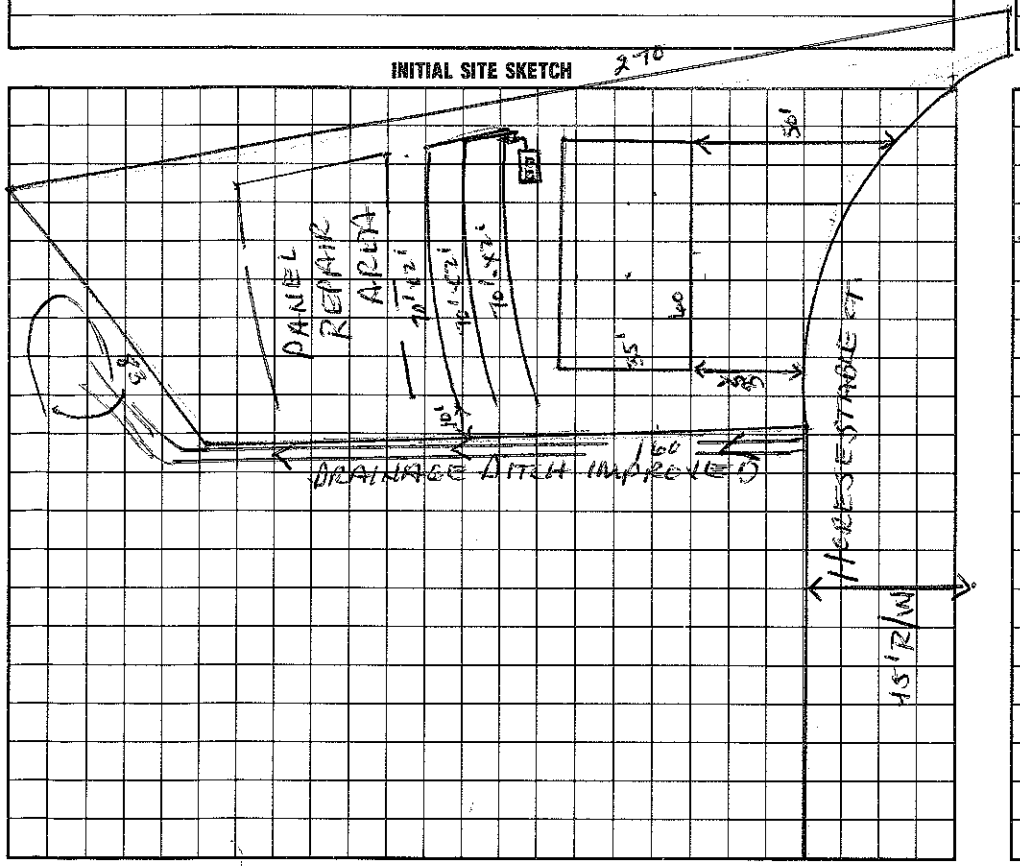
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Community ☐ Public

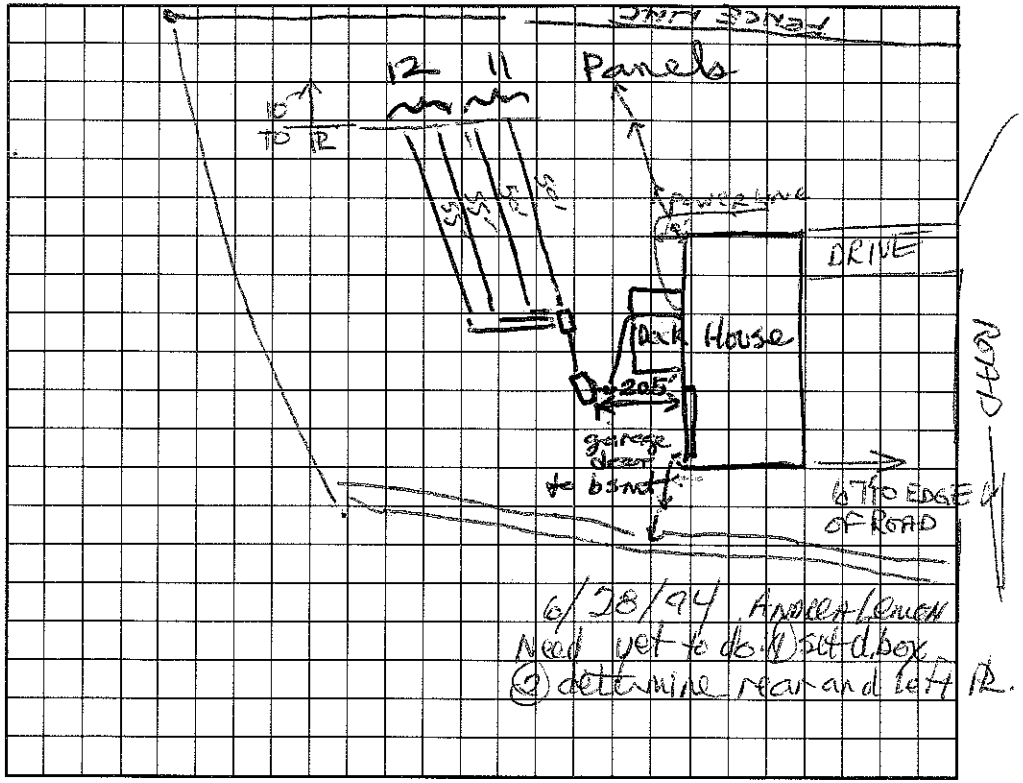
Comments: X 16" PPBPS SYSTEM OFF DISTRIBUTION BOX
TRENCH DEPTH 30-32" MAXIMUM

Comments:
Both drainfields/drainfield bedrooted and drainfield ok 7/1/94

INITIAL SITE SKETCH



AS BUILT SKETCH



6/28/94 Approved/Denied
Need vet to do ① Sept. box
② determine rear and left PR.

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: X Keith Carroll

Improvement Permit by: Wesley Sparks R.S. date 3/10/94

Existing System Inspection by: ____ date ____

Installed by: F.T. Ervin

Certificate of Completion by: Wesley Sparks R.S. date 7/1/94

Operation Permit by: ____ date ____

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