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. 18263 DATE 4/21/94 TAX MAP NO. 4F B 4 Pt. of F.

OWNER OR CONTRACTOR Keith Conwell Const. PHONE: Business 664-1155 Home 4639-36-8484

ADDRESS 795 French Bottom Rd. Mt Ulla, NC. 28125 Watershed: ☐ Yes ☒ No

LOCATION WESTMORELAND RD, TR EQUESTRIAN, 3RD ON (R) PAST HORSE STABLE CT.

SUBDIVISION LAUREL WOODS BLOCK / SECTION LOT 9 LOT AREA .53 Ac SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .3 T .25

Septic Tank: 1000 Gallons; STB 794 Date 4/5/94

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 280 X

No Lines 4 Trench Width 2' Max Trench Bottom Depth 32" Gravel Depth 6" SAND

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

System Description: GRAVITY - PANEL

Repair System Description: SAME

Maintenance Agreement Required: ☒ Yes ☐ No 5 YR.

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

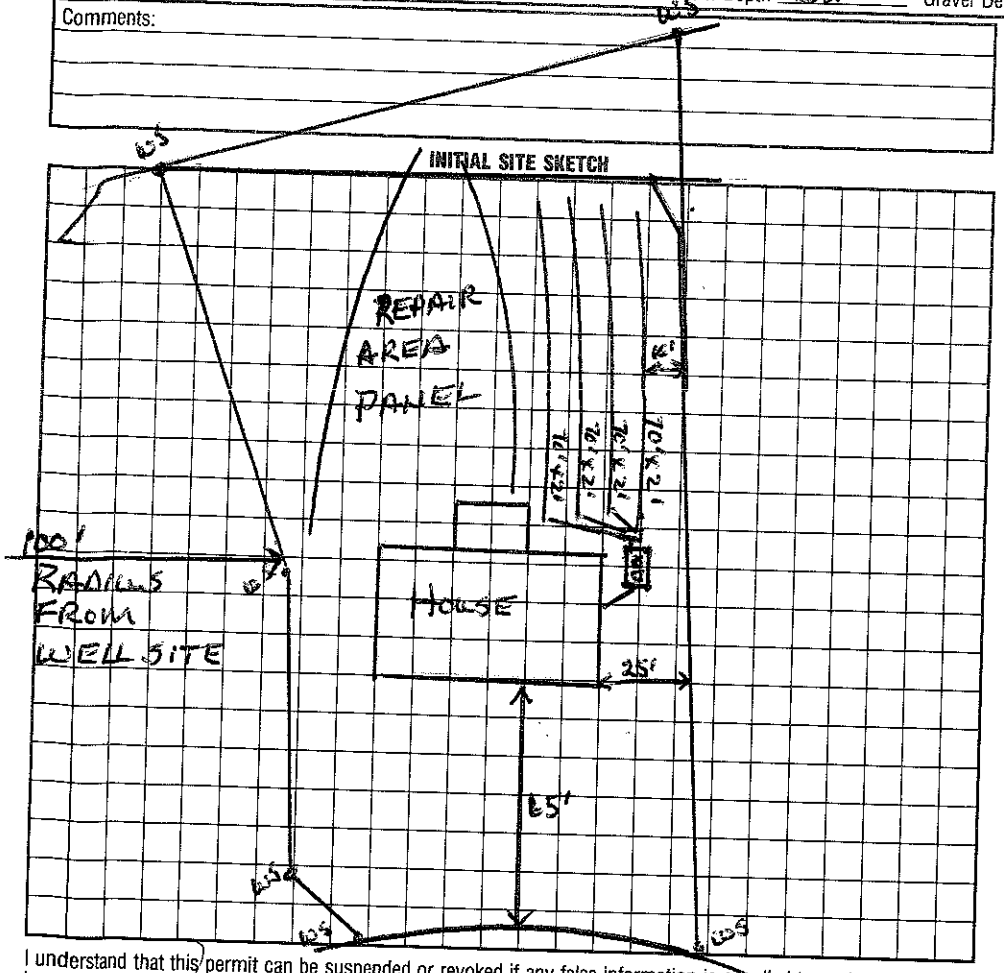
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Community ☐ Public

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: Keith Conwell CIL DE SAC

Improvement Permit by: Wesley Sparks R.S. date 4/22/94

Existing System Inspection by: date

Installed by: F J Grain

Certificate of Completion by: Wesley Sparks R.S. date 6/22/95

Operation Permit by: date

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