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. 18260 DATE 4/21/94 TAX MAP NO. 4EA 4 Pt of F Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Keith Carroll Const. PHONE: Business 664-1155 Home 4659368821

ADDRESS 795 French Belk Rd. Mt Ulla, NC. 28125

LOCATION Equestrian Dr. on R just before Horsestable Ct.

SUBDIVISION Laurelwood BLOCK / SECTION 1 LOT 14 LOT AREA 20,000 FT² SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .25 - .3

Septic Tank: 1000 Gallons; STB 794 Date 10/17/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 240 ✱

No Lines 3 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: 16" PANEL - GRAVITY

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

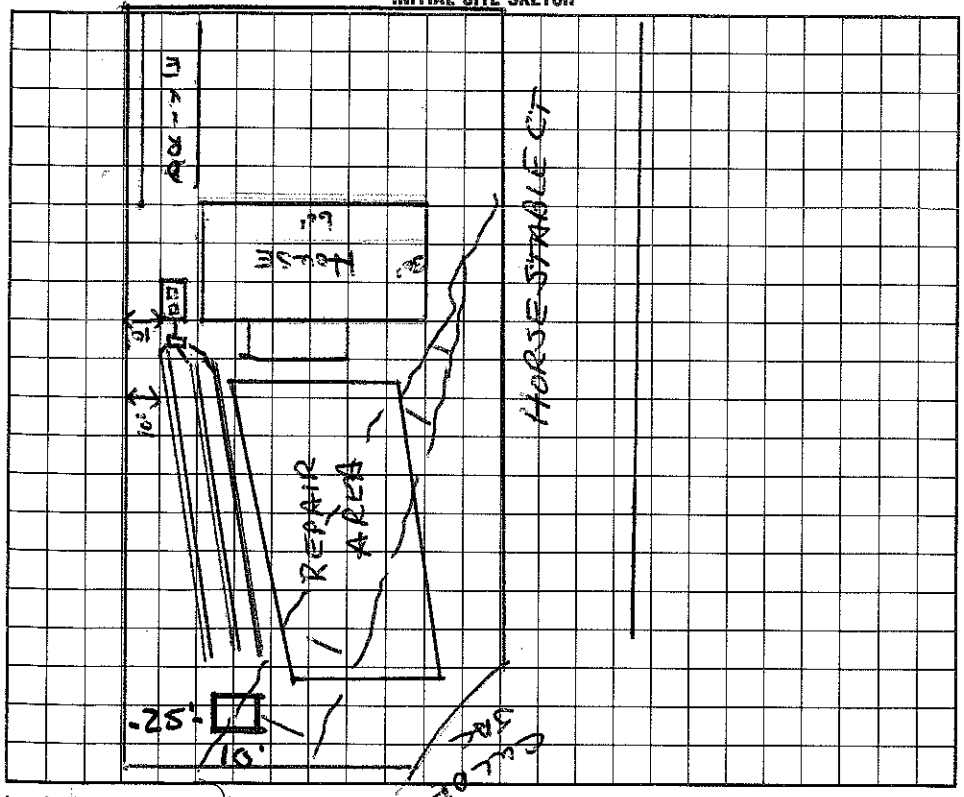
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☑ Community ☐ Public

Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown on shop Permit.

The proposed BUILDING addition does not appear to impact the existing septic system.

**NOTE: _____

_____ R.S.

Date: 3-18-09

ICHD-Environmental Health Division

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: Wesley Sparks R.S. date 4/21/94

Existing System Inspection by: _____ date _____

Installed by: F J Ervin

Certificate of Completion by: Wesley Sparks R.S. date 12/15/94

Operation Permit by: _____ date _____

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