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. 17472 DATE 11/22/93 TAX MAP NO. 4E-4-A-26 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR ERIC L WILLIS PHONE: Business PNH 4659-44-4714 Home 855-2778

ADDRESS 750 UNITY CHURCH Rd. MOORESVILLE, NC. 28115

LOCATION FREEZE DR. TR OFF 115 N TO 7th Lot on R

SUBDIVISION FREEZE CROSSING BLOCK / SECTION ____ LOT 26 LOT AREA ~1.69 SITE CLASS. P. DESIGN FLOW 360 L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 792 Date ____
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 2 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 3' Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONV - DIST. BOX
Repair System Description: ____
Maintenance Agreement Required: ☐ Yes ☐ No

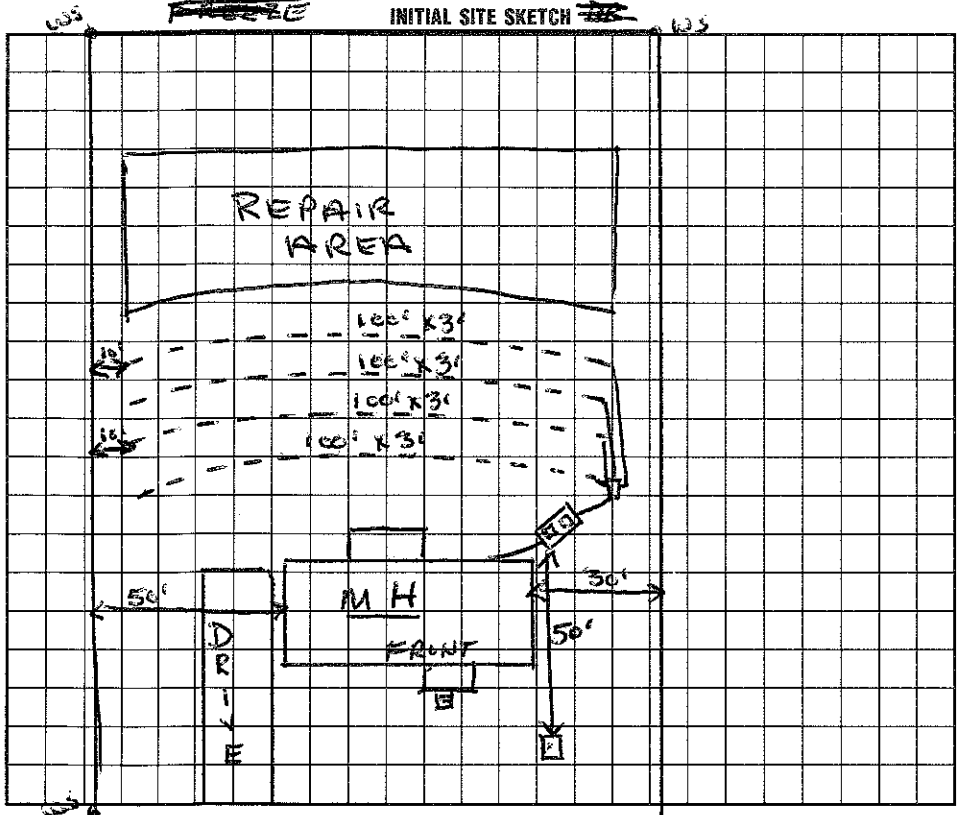
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Community
☐ Public

Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

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: [signature] FREEZE CROSSING DR.

Improvement Permit by: Wesley Sparks RS. date 11/22/93

Existing System Inspection by: ____ date ____

Installed by: Dennis Gallihar

Certificate of Completion by: Wesley Sparks RS. date 1/24/94

Operation Permit by: ____ date ____

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