4659-45-5077

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. 16852 DATE 8/24/93 TAX MAP NO. 4E-4-A-10

OWNER OR CONTRACTOR Jimmy R Moore PHONE: Business _____ Home 663-0039

ADDRESS 900 W WILSON AVE APT 300-9 MOORESVILLE

LOCATION _____

SUBDIVISION FREEZE CROSSING BLOCK / SECTION _____ LOT 10 LOT AREA > 24,000 FT² SITE CLASS. P L.T.A.R. .3-.35

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 354 Date 5-4-93

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 1028 Linear Feet 342

No Lines 3 Trench Width 3' Trench Depth 36" Gravel Depth 12"

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

System Description: CONV

Repair System Description: CONV.

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

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

Garbage Disposal: ☐ Yes ☑ No

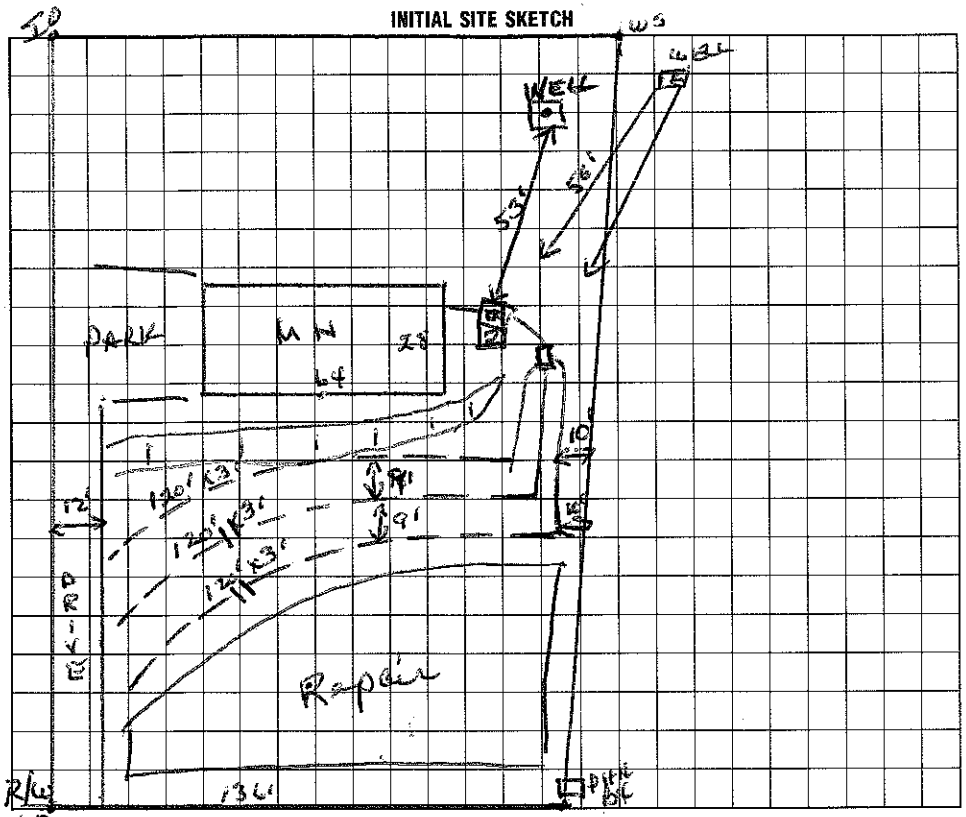
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

Other _____

Comments _____

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS DRAWN

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: Jimmy R Moore

Improvement Permit by: Wesley Sparks RS. date 8/24/93

Existing System Inspection by: _____ date _____

Installed by: Wayne Potts

Certificate of Completion by: Wesley Sparks RS. date 10/21/93

Operation Permit by: _____ date _____

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