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. 18778 DATE 7/21/94 TAX MAP NO. 4E 4A 12 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Mary Lynn Sapit PHONE: Business PWH 4659-45-8240 Home NONE GIVEN

ADDRESS Rt 5 Freeze Dr. Mooresville, NC.

LOCATION Freeze Dr. 115 N TR FREEZE DR. CONTINUE TO 12th LOT ON L

SUBDIVISION Freeze Crossing BLOCK / SECTION ____ LOT 12 LOT AREA 1.74 AC SITE CLASS. P. DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 012 Tp Date 5-1-94

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: DROPBOX - CONVENTIONAL

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

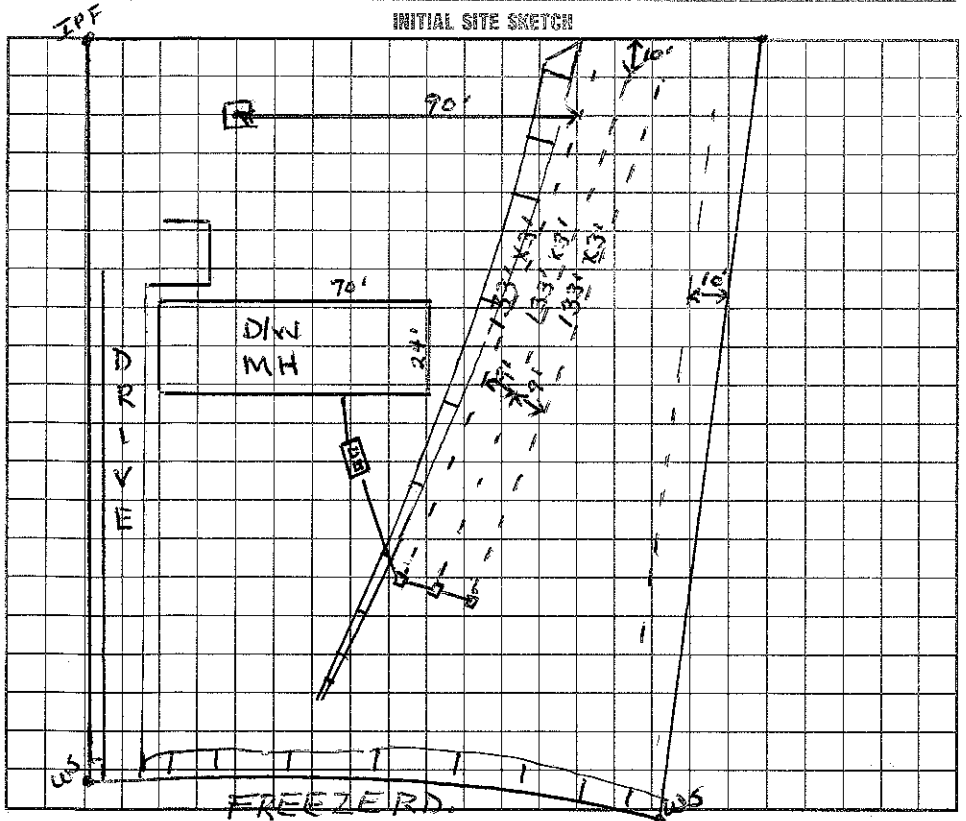
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public Proposed

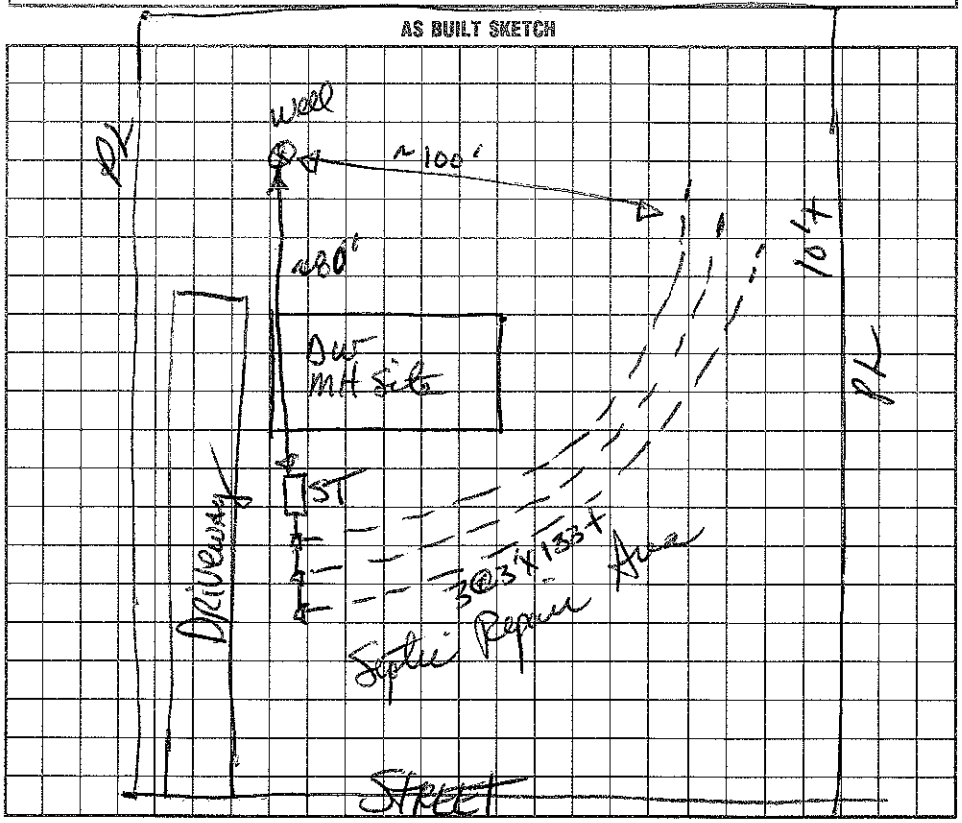
Comments:

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: Bob Funderburk

Improvement Permit by: Wesley Sparks RS. date 7/22/94

Existing System Inspection by: ____ date ____

Installed by: Ken Pearson

Certificate of Completion by: D Johnson, RS date 8/5/94

Operation Permit by: ____ date ____

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