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. 17259 DATE 11/26/93 TAX MAP NO. 4E A4 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR KEITH CARROLL PHONE: Business 664-1155 Home 4659-46-1547

ADDRESS PO BOX 431 MT MOURNE, NC. 28123

LOCATION WESTMORELAND RD, 115N TR TR ON EQUESTRIAN TO 7th LOT ON L AT CUL DE SAC #145 Equestrian

SUBDIVISION LAURELWOOD BLOCK / SECTION 1 LOT 7 LOT AREA ~ 20,000 FT² SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 794 Bellinger Date 10/6/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 240

No Lines 3/4 Trench Width 2' Max Trench Bottom Depth 36" Gravel Depth 6"

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

System Description: PPBPS 16"

Repair System Description: PPBPS 16"

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

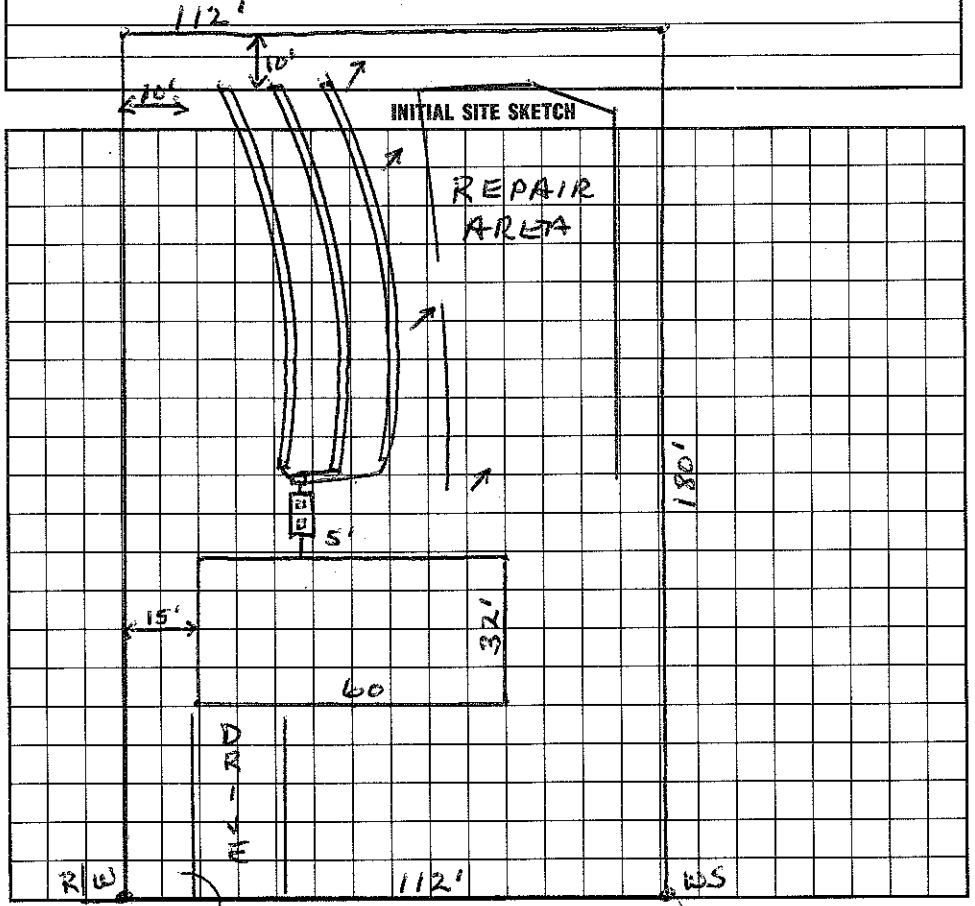
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

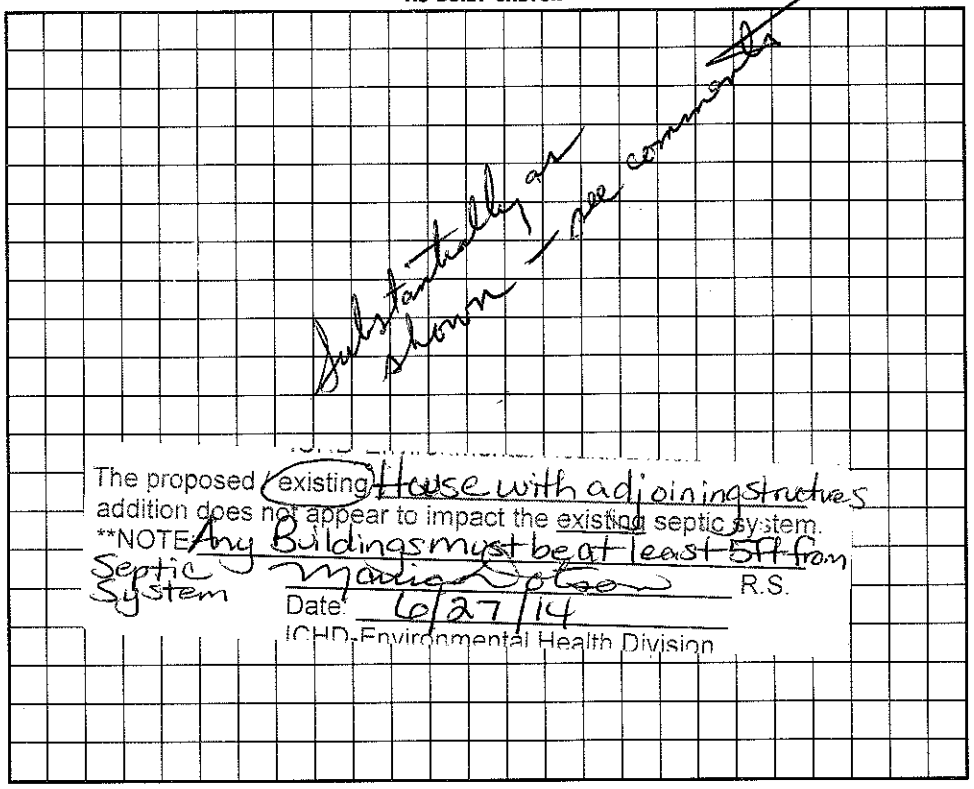
Comments: .5 REDUCTION FOR PANEL BLOCKS

Comments: Installed in 4 trenches Approx 60' in length each.

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed / existing House with adjoining structures addition does not appear to impact the existing septic system.

**NOTE: Any Buildings must be at least 5ft from Septic System

Marion Olsen R.S.

Date: 6/27/14

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: _____ ESTRIAN LN.

Improvement Permit by: Wesley Sparks RS. date 10/26/93

Existing System Inspection by: _____ date _____

Installed by: T J Green

Certificate of Completion by: _____ date _____

Operation Permit by: _____ RS date 11/17/94

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