4659519622 4659517397 4659507882 4659505607 4659501725

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

4659514154 4659515238 4659515491 4659517450

PROPERTY DESCRIPTION NO. 20785 DATE 4/13/95 TAX MAP NO. 12 B 43 4659503968 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Peter Mikoratzis PHONE: Business _____ Home _____

ADDRESS PO Box 6174 Mooresville NC 28115

LOCATION 115N - on R just before Southeastern Glass

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1 2/3 SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 794 Date 3/19/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1028 Linear Feet 345

No Lines 3 Trench Width 36" 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: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

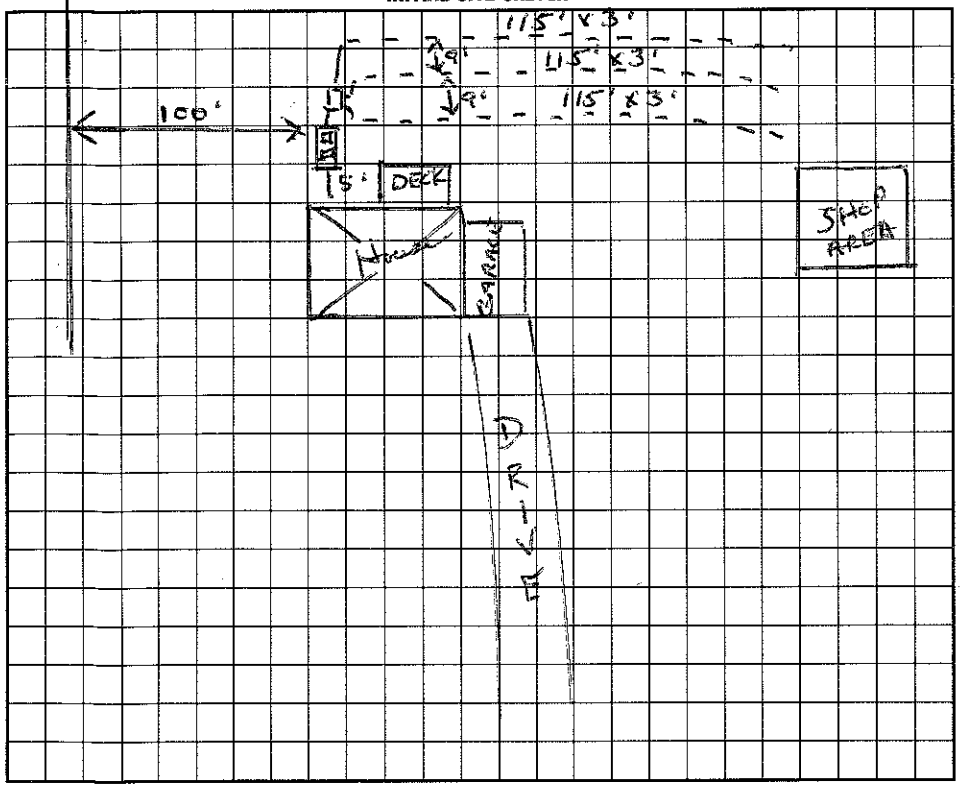
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Keep trenches shallow as possible.

Comments: Installed as shown on site Permit

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: X Peter Mikoratzis

Improvement Permit by: Wesley Sparks R.S. date 4/13/95

Existing System Inspection by: _____ date _____

Installed by: Kelly Parker - Bryan Brookens

Certificate of Completion by: Wesley Sparks R.S. date 5/26/95

Operation Permit by: _____ date _____

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