4664-29-9304 528-4911

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. 19706 DATE 11/14/94 TAX MAP NO. IC5A 6 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR R. DAVID ROSEMAN PHONE: Business _____ Home 663-0452

ADDRESS PO Box 961 MOORESVILLE, NC. 28115

LOCATION Presbyterian Rd, TR off Shearers Rd. past Elec. Co. past 2 trailers on (R) to vacant lot.

SUBDIVISION Gold Trace BLOCK / SECTION _____ LOT 6 LOT AREA ~1AC SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 825 Date 1/5/95
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model 1440 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 480 553
No Lines 8 & 6 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 - DROP BOXES
Repair System Description: CONV.
Maintenance Agreement Required: ☐ Yes ☒ No

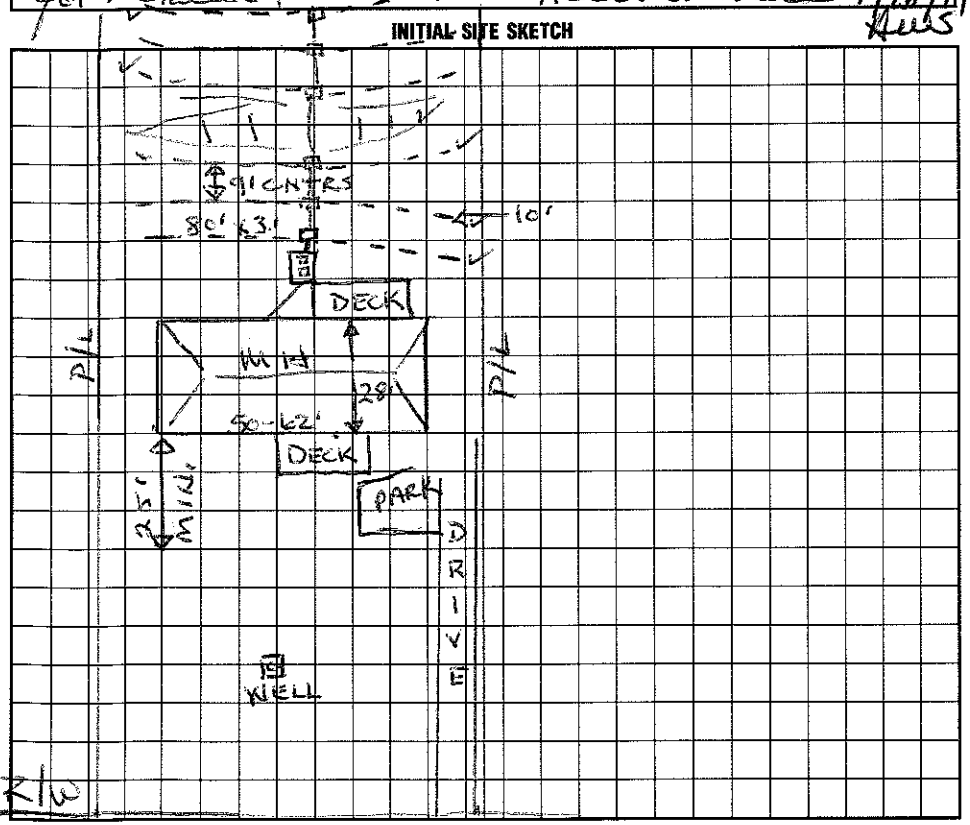
☐ House/Mod. Home No. Bedrooms 4
☒ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Community
☐ Public

Comments: Drop boxes used due to topography. Spot trenches between drop boxes if difficult. Put drainfield in first & have ready for trailer. Addition needed 1/18/95 Hells

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: R. David Roseman

Improvement Permit by: Wesley Sparks R.S. date 11/14/94

Existing System Inspection by: _____ date _____

Installed by: Tim Ammons

Certificate of Completion by: Wesley Sparks R.S. date 3/17/95

Operation Permit by: _____ date _____

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