4665527751

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. 19476 DATE 9/30/94 TAX MAP NO. 1E-4-A-48 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Susan Craven PHONE: Business _____ Home 664-0875

ADDRESS 130 Millpond Ln. Mooresville, NC 28115

LOCATION Shearers Rd, TL on Springtime Ln. (2) on Millpond to 4th lot on (R)

SUBDIVISION Timberview BLOCK / SECTION 3 LOT 48 LOT AREA 1.21 SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Bellinger Date 4-20-95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 / 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: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

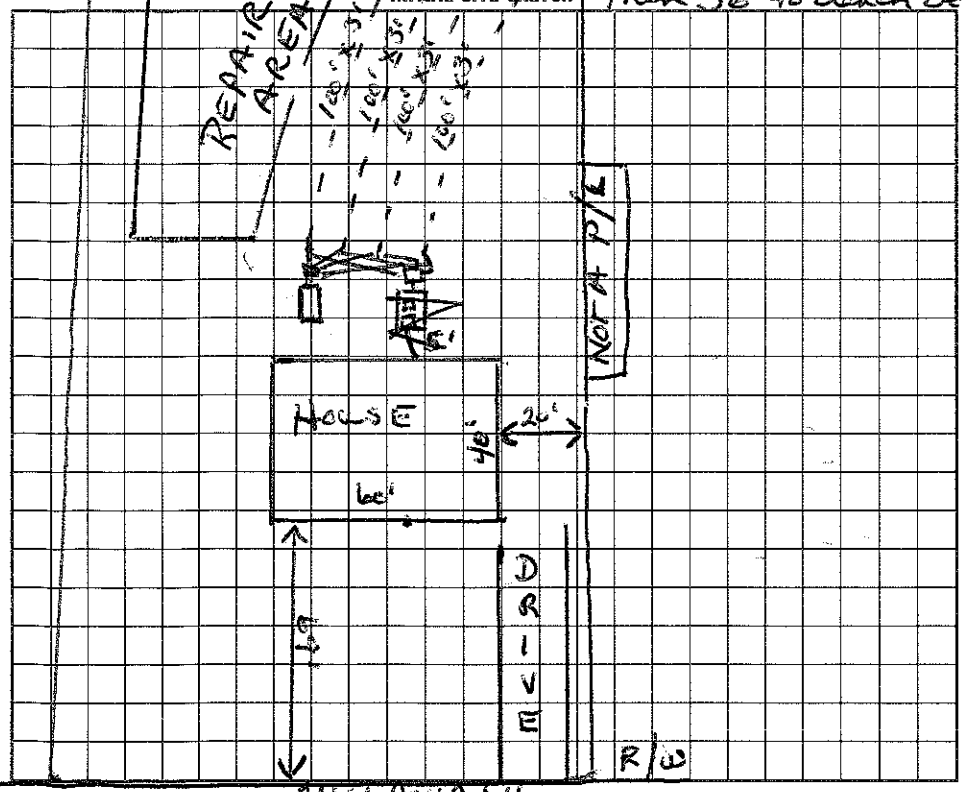
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Keep lines on slope contour as shown. Trench depth no deeper than 36" to trench bottom.

Comments: Basement w/building plumbers stubbed at left rear. Upper laterals 3' system deep.

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: Jay W. Craven

Improvement Permit by: Wesley Sparks R.S. date 9/30/94

Existing System Inspection by: _____ date _____

Installed by: A. Cornelius Grading

Certificate of Completion by: [signature], R.S. date 7-13-95

Operation Permit by: _____ date _____

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