IREDELL COUNTY HEALTH DEPARTMENT

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

4665621479

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

PROPERTY DESCRIPTION NO. 17353 DATE 11/5/93 TAX MAP NO. 1E 4A 42 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR JANE BIGGERSTAFF PHONE: Business _____ Home 664-5058

ADDRESS Rt 1 BOX 261-21 MOORESVILLE, NC. 28115

LOCATION ~~TIMBERVIEW DR~~ 3 MILES DOWN SHEARERS RD, TL SPRINGTIME TO 1ST LOT 240 ON (L)

SUBDIVISION TIMBERVIEW BLOCK / SECTION _____ LOT 42 LOT AREA ~ 1.5 AC SITE CLASS. P DESIGN FLOW ~~225~~ L.T.A.R. .25-, 3

Septic Tank: 1000 Gallons; STB 794 Date 10/1/93

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320

No Lines ~~X~~3 Trench Width 3' Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: CONV - DIST. BOX

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 2

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

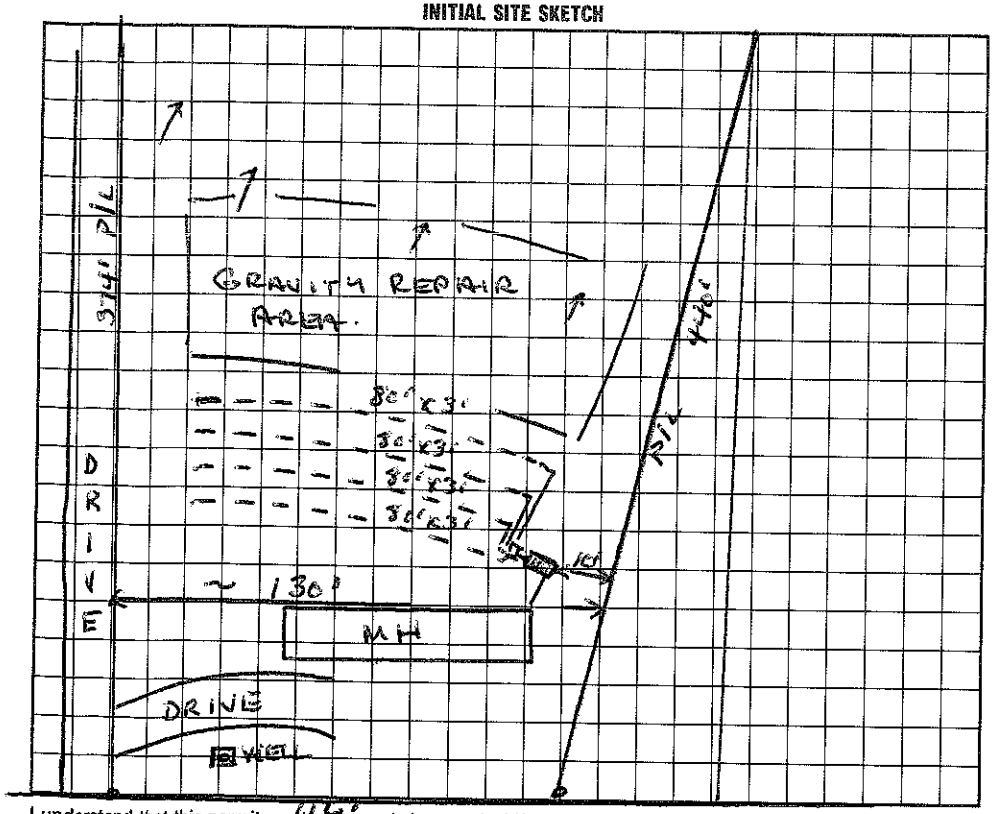
Water Supply: ☒ Individual ☐ Community ☐ Public

Comments:

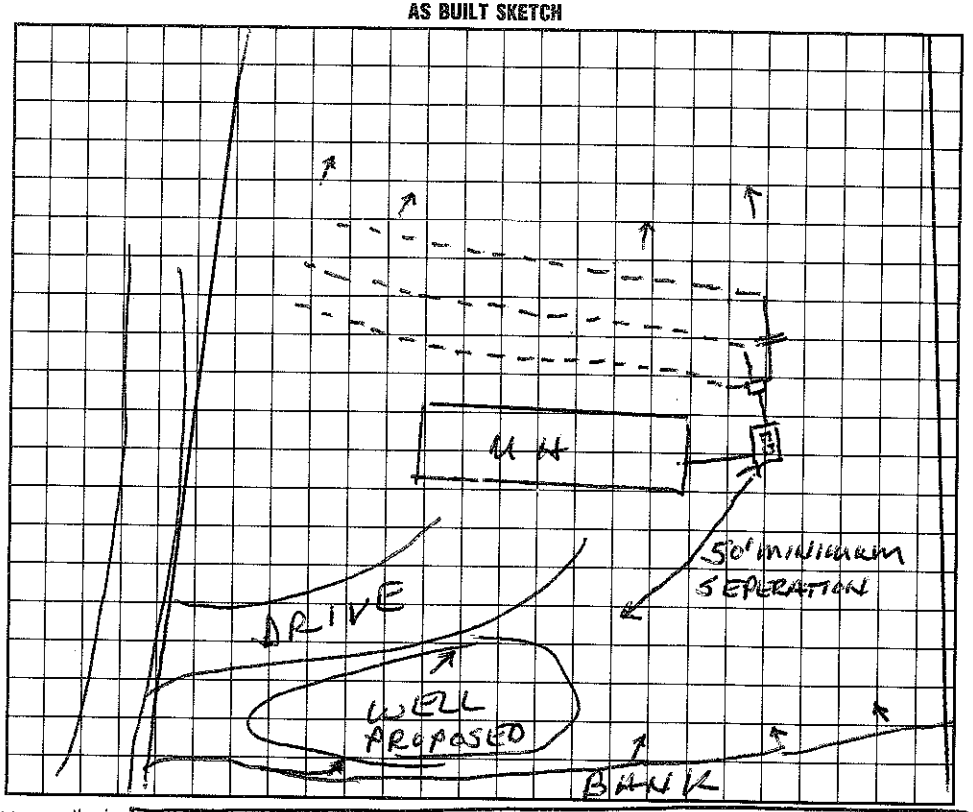
TRENCHES ON SLOPE CONTOUR - MAX TRENCH DEPTH 30" ON ALL TRENCHES.

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: SPRINGTIME ~~STRAWBERRY~~ LN. LEFT IN FRONT DOOR ~~TIMBER~~ SPRINGTIME LN.

Improvement Permit by: Wesley Sparks RS. date 11/5/93

Existing System Inspection by: _____ date _____

Installed by: F J Ervin

Certificate of Completion by: Wesley Sparks RS. date 11/24/93

Operation Permit by: _____ date _____

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