4660562 3959

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. 18273 DATE 5/5/94 TAX MAP NO. ~~6863~~ 1E-4-A Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR ~~IE-4-A~~ OTIS D TURNER PHONE: Business _____ Home 663-6420

ADDRESS Rt 1 Box 261-32 MOORESVILLE, NC 28115

LOCATION MILLPOND RD OFF SPRINGTIME LN (L) ON MILLPOND TO LOT ON (R) BEFORE TURNER LOT

SUBDIVISION TIMBERVIEW BLOCK / SECTION _____ LOT 53 LOT AREA 1,225 SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .2-.25

Septic Tank: 1000 Gallons; STB 1017 Date 4/31/94 ☑ New System ☐ Repair System Type: I, (II) III, IV, V, VI ☐ House/Mod. Home No. Bedrooms 3 Water Supply: ☑ Individual ☐ Community ☐ Public

Pump Tank: _____ Gallons; PT _____ Date _____ System Description: CONV-DROP BOXES ☑ Mobile Home No. Bathrooms 2

Pump Make: _____ Model POND Serial No. _____ Repair System Description: _____ ☐ Business No. Employees _____

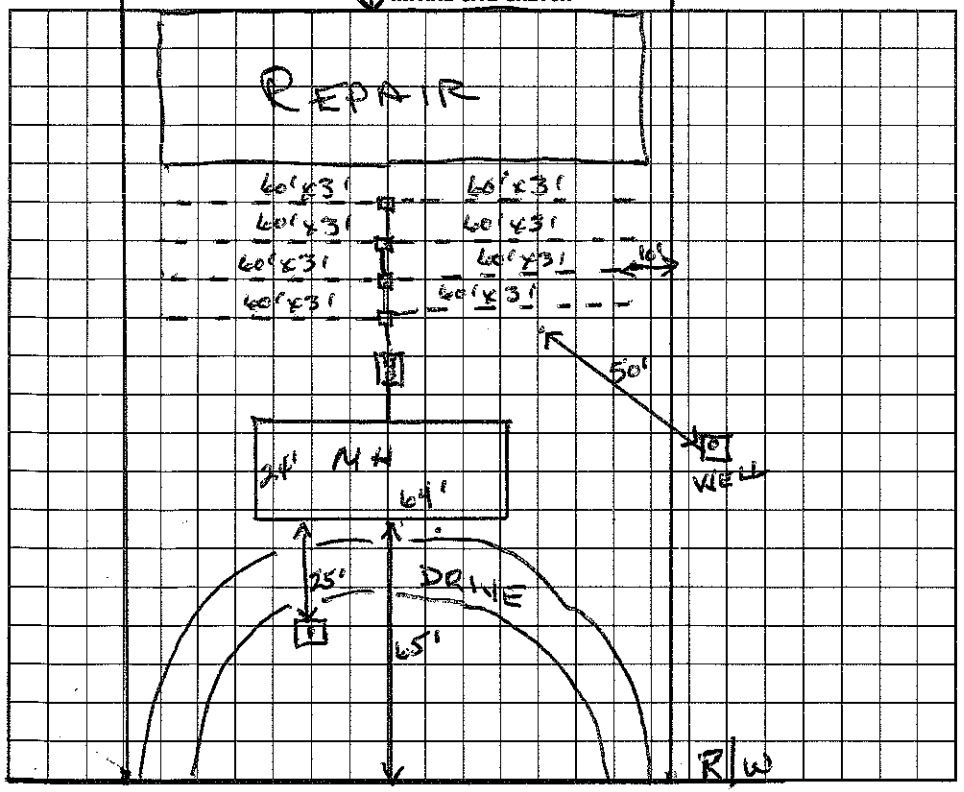
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480 Maintenance Agreement Required: ☐ Yes ☑ No ☐ Other _____

No Lines 4 Trench Width 3' Max ~~Trench Bottom~~ Depth 36" Gravel Depth _____ ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:

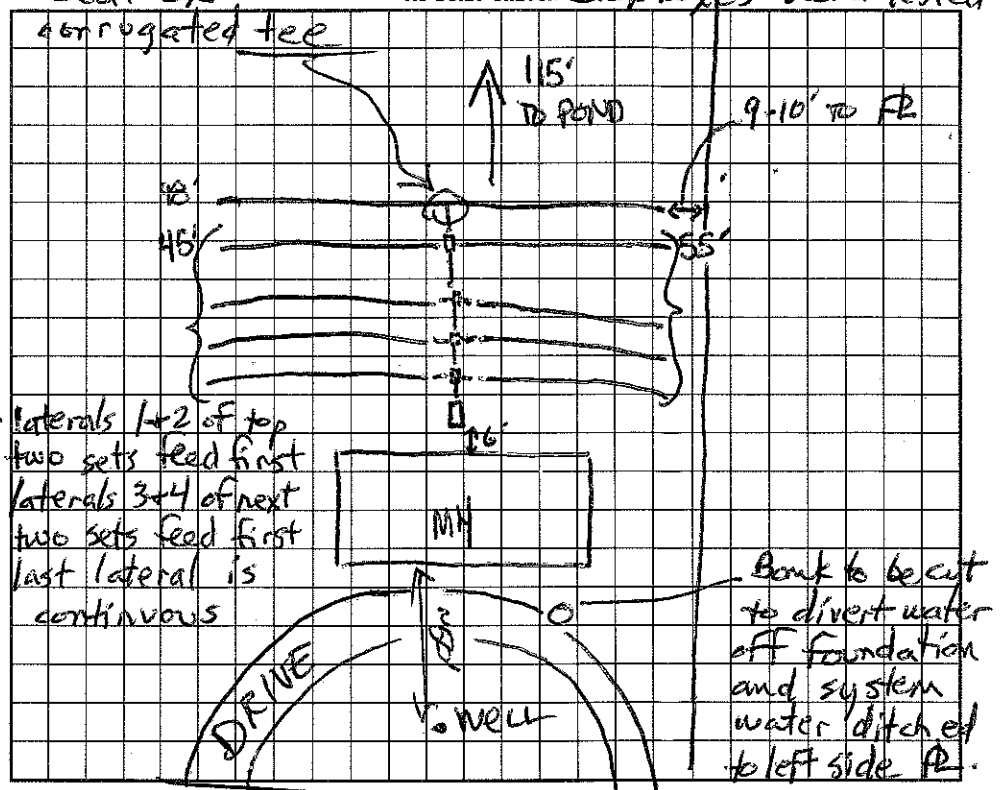
50'

INITIAL SITE SKETCH



Comments: LOT WIDTH - 140-143' - prevented installation as shown in initial sketch - 500 LINEAR FT installed in 5 laterals 9'± centers. Tee, KNOCKOUT, OUTLET → OK. Seal OK

AS BUILT SKETCH Drop boxes water tested



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: Otis D Turner

Improvement Permit by: Wesley Sparks RS. date 5/5/94

Existing System Inspection by: _____ date _____

Installed by: DONALD LACKEY

Certificate of Completion by: Andrea Lemon date 8-9-94

Operation Permit by: _____ date _____

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