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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. 2824 DATE 12/28/94 TAX MAP NO. 1D A 20 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Craig Peters PHONE: Business _____ Home 664-5640

ADDRESS Rt 1 Box 7558 Mooresville, NC, 28115 149 Blackwelder Farm Rd.

LOCATION Shearers Rd, 1st right 100' past White Oaks Rd. to first house on (L)

SUBDIVISION _____ BLOCK / SECTION _____ LOT 20 LOT AREA 2 AC SITE CLASS P DESIGN FLOW 430 L.T.A.R. .3

Septic Tank: 1000 2 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model 600 Serial No. _____

Nitrification Field: No Fields 1 Square Feet ~~600~~ Linear Feet 300

No Lines 3 2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: CONVENTIONAL - DISTBOX

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

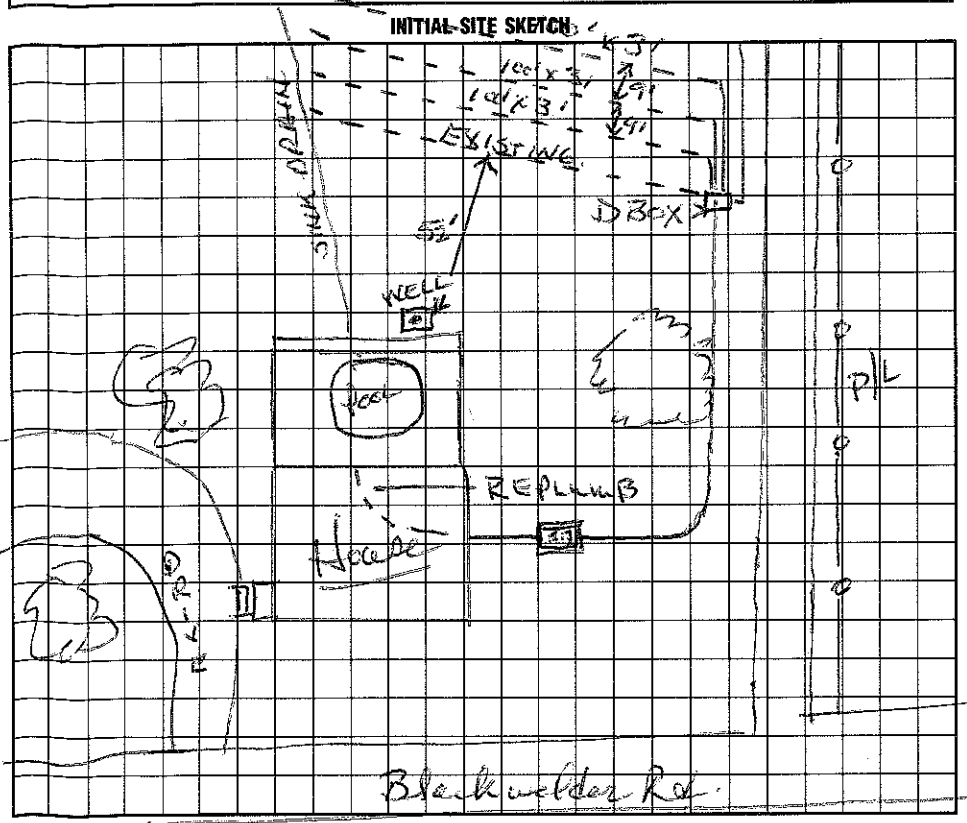
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: D box connected to existing lines and 3 new lines as shown. Sink drain to be replumbed into septic Tank.

Comments: Installed as shown

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: Craig Peters

Improvement Permit by: Wesley Sparks R.S. date 12/28/94

Existing System Inspection by: _____ date _____

Installed by: Herman Benton

Certificate of Completion by: Wesley Sparks R.S. date 1/6/95

Operation Permit by: _____ date _____

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