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. 2405 DATE August 13 1993 TAX MAP NO. 1N11A 27

OWNER OR CONTRACTOR Bright Star Development PHONE: Business ~~Home~~ 4668-51-3740

ADDRESS RT 7 Box 712 Mooresville NC 28115

LOCATION on east side of Overhead Bridge road ~1/4 mile north of 150 E of Mooresville, 2nd lot on right

SUBDIVISION Highland Crossing BLOCK / SECTION LOT 27 LOT AREA SITE CLASS. L.T.A.R.

Water Supply: ☒ Individual ☐ Community ☐ Public INSTALLED 8-25-93 REG NO 175

Septic Tank: 1000 ✓ Gallons; STB 358 Date 7-30-93

Pump Tank: NA Gallons; PT Date

Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500

No Lines 3 Trench Width 36" Trench Depth 20" Gravel Depth 12"

☐ New System ☐ Repair System Type: I, II, IV, V, VI

System Description: gravity conventional

Repair System Description: gravity conv/PDP&PS

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

Garbage Disposal: ☒ Yes ☐ No

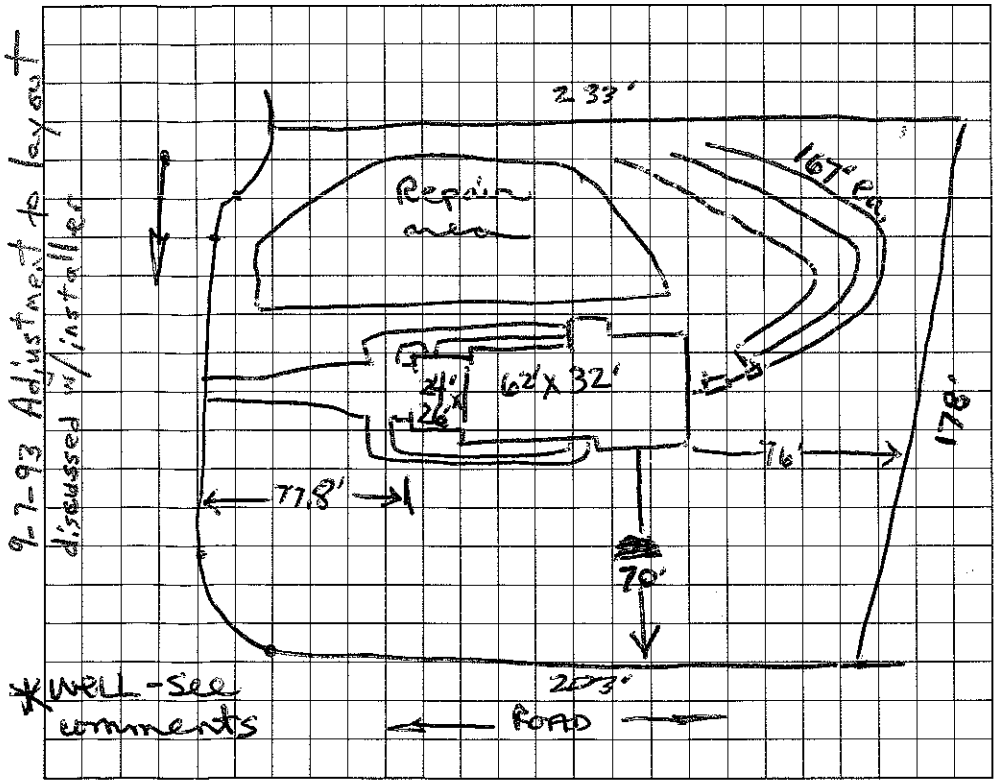
Auto. Dishwasher: ☒ Yes ☐ No

Auto. Washing Machine: ☒ Yes ☐ No

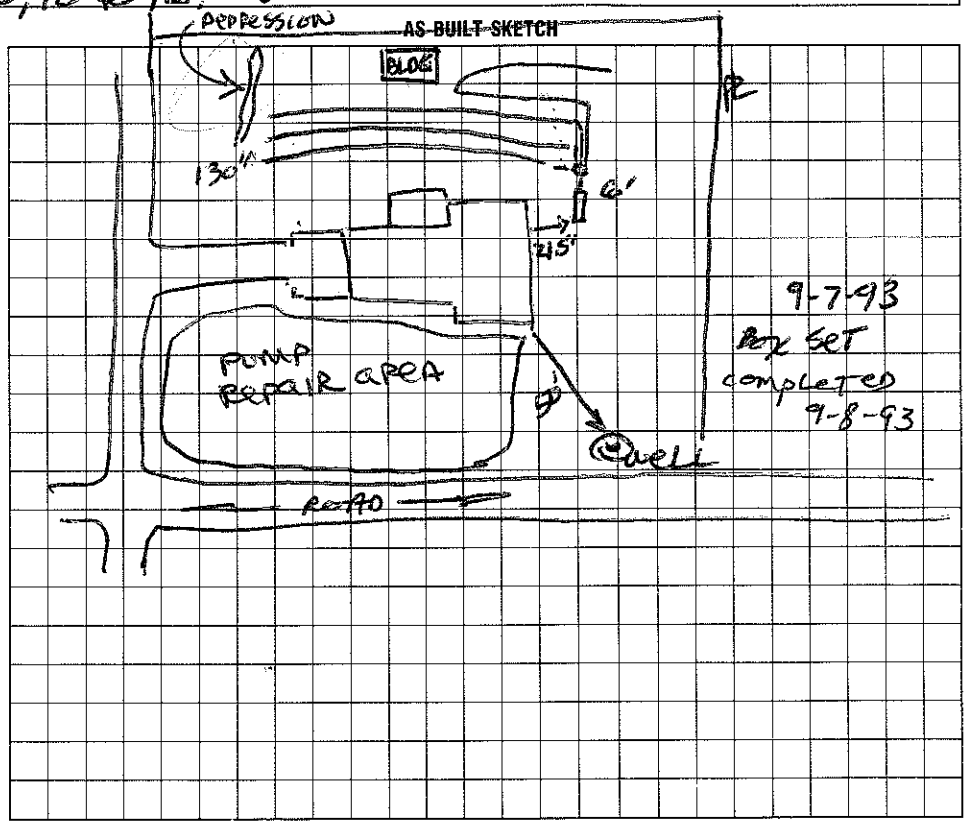
Other

Comments Do not install during wet soil conditions or rain. Install on contour where slope exceeds 25%. Call dept if any questions on layout. Well may be anywhere along road side - 50' from septic system 25' to house foundation, 10' to R/W.

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: Susan K. Brown

Improvement Permit by: Andrea Lemon date 8-13-93

Existing System Inspection by: date

Installed by: Larry Tucker

Certificate of Completion by: Andrea Lemon date 9-8-93

Operation Permit by: date

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