IREDELL COUNTY HEALTH DEPARTMENT

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

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

4668594489

PROPERTY DESCRIPTION NO. 16671
OWNER OR CONTRACTOR ROBERT R. MILLS DATE 7/19/93
ADDRESS WOODRIDGE LN. MOORESVILLE, NC. PHONE: Business _____ Home 663-6399
LOCATION MAZEPPA - 2 MILES FROM 115 - TL ON WOODRIDGE TO 6th TRAILER ON (L) TAX MAP NO. 4C 4 45
SUBDIVISION WOODRIDGE BLOCK / SECTION _____ LOT 5 LOT AREA Existing SITE CLASS. P L.T.A.R. _____

Water Supply: ☐ Individual ☐ Community ☐ Public
Septic Tank: _____ Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Nitrification Field: No Fields _____ Square Feet _____ Linear Feet _____
No Lines _____ Trench Width _____ Trench Depth _____ Gravel Depth _____
☐ New System ☐ Repair System Type: I, II, II, IV, V, VI
System Description: _____
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No

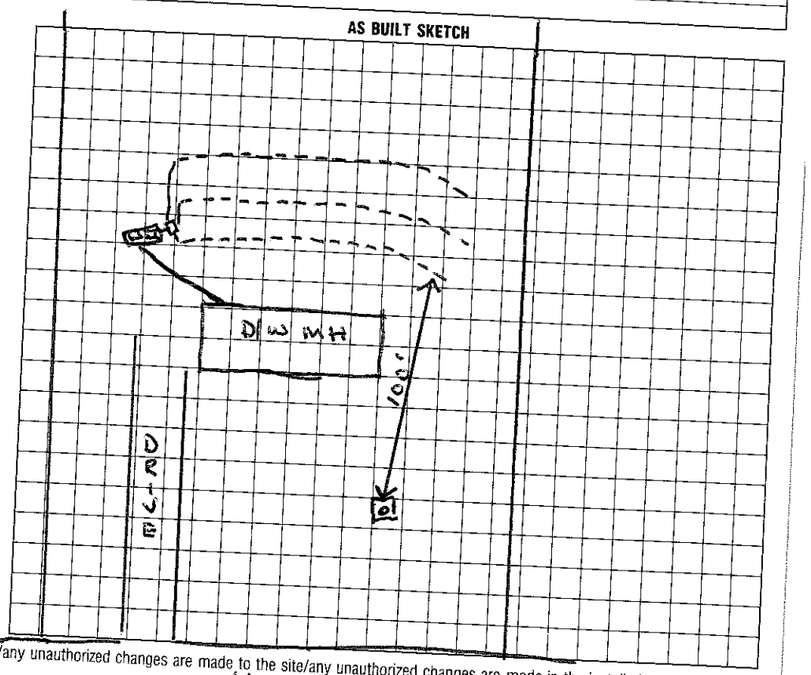
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Garbage Disposal: ☐ Yes ☑ No
Auto. Dishwasher: ☑ Yes ☐ No
Auto. Washing Machine: ☑ Yes ☐ No
Other _____

Comments Existig Sptem -

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: _____

Improvement Permit by: _____ date _____
Existing System Inspection by: Wesley Sparks RS. date 7/19/93
Installed by: WOODRIDGE LN.
Certificate of Completion by: _____ date _____
Operation Permit by: _____ date _____

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

4668594489

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Robert Mullis DATE 5-6-83 PERMIT NO. 192

PHONE: Business ______ Home ______

LOCATION 115 S Rt 2395, 1 3/4 miles left on Woodbridge lot on left S. R. No. ______

SUBDIVISION NAME Woodbridge LOT NO. 5 SECTION OR BLOCK NO. ______

House ( ) Mobile Home (X) Business ( ) Other ______

No. Bedrooms 3 No. Bathrooms 1 1/2

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes ( ) No (X)

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area 3/4 acre

Character & Porosity of Soil clay w/some saprolite

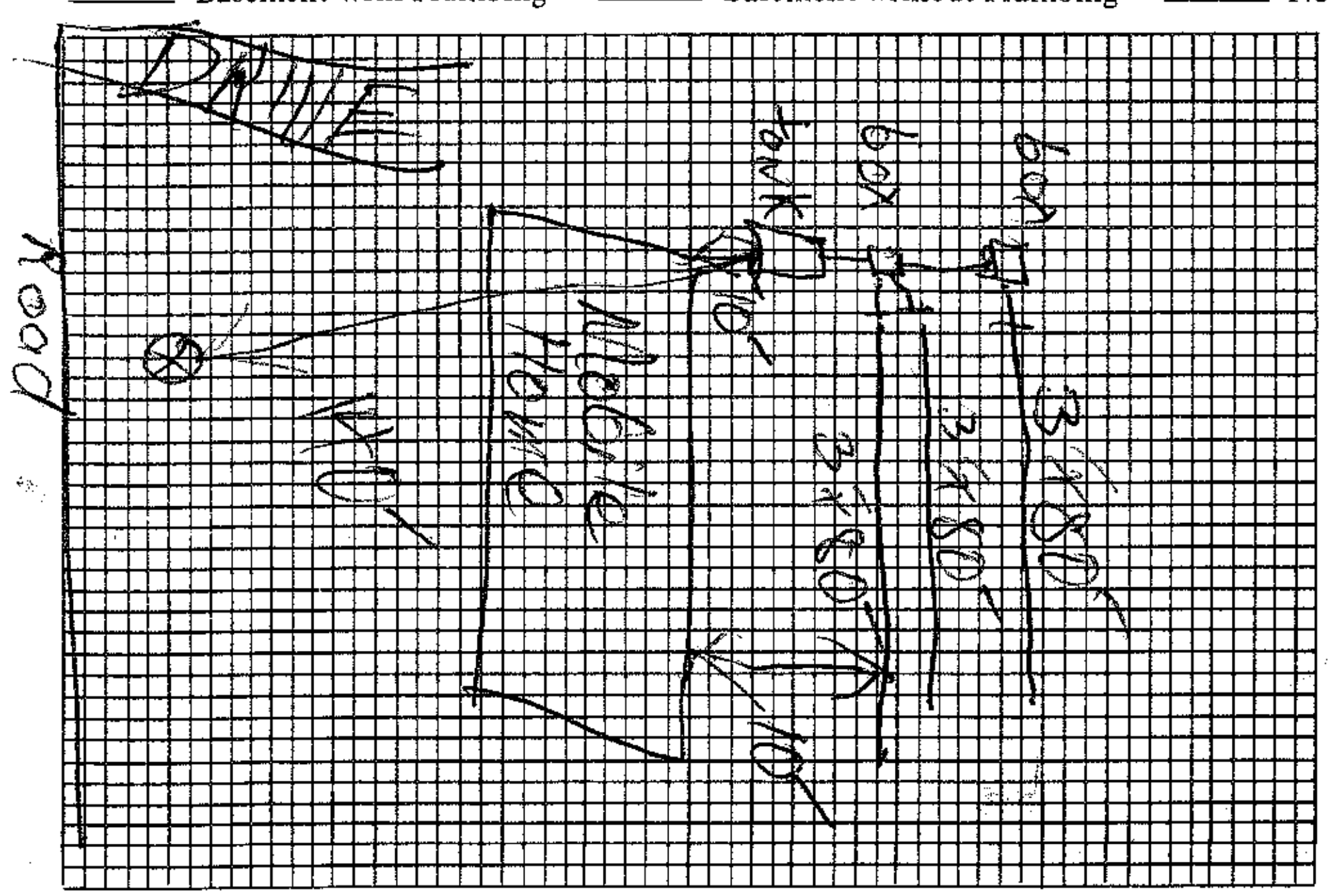
Percolation Rate .3 gal/ft²/day

Topography 2-4%

Depth to Water Table 4'+

Rock or other impervious formations NONE Noted

______ Basement with Plumbing ______ Basement without Plumbing ______ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines ______

Water Supply: Individual (X)

Public ( )

Installed by Tucker

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: ______

IMPROVEMENTS PERMIT BY Kelly Sheeks

COMMENTS: ______

CERTIFICATE OF COMPLETION BY Charles K. Barnett DATE 5-6-83

EXISTING SYSTEM CHECKED BY: ______ DATE ______

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold