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. 2648 DATE 6-15-94 TAX MAP NO. 1N 11A -11 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Bright Star Development PHONE: Business 664-0809 Home 4668-61-4956

ADDRESS RT 7 Box 712 Mooresville NC 28115

LOCATION SR 2397 East Side ~.1 mi N of hwy 150 to Sbdvn entrance - lot on left across from last culdesac on right

SUBDIVISION Highland Crossing BLOCK / SECTION — LOT 11 LOT AREA _____ SITE CLASS. P DESIGN FLOW 480 L.T.A.R. 0.25

Septic Tank: 1000 Gallons; STB 799 Date 7-22-94

Pump Tank: na Gallons; PT _____ Date _____

Pump Make: na Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 420 Linear Feet 320

No Lines 5 Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth SAND 6"

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

System Description: gravity PPBPS

Repair System Description: LPP / pres. PPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other _____

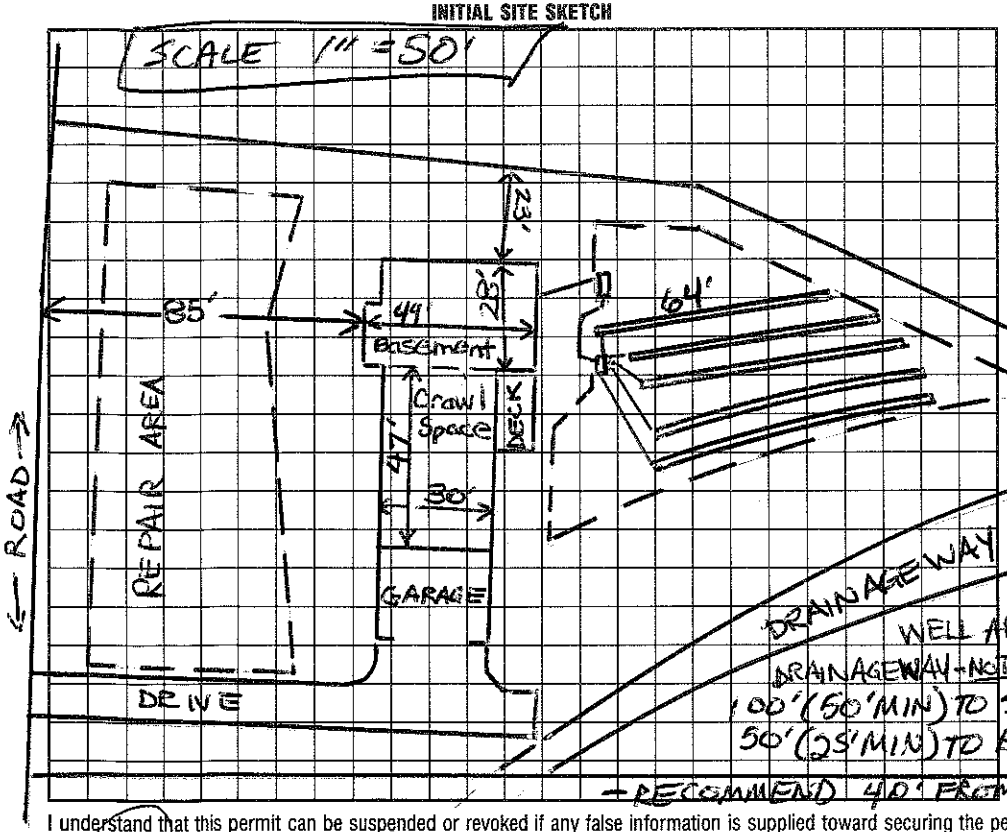
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

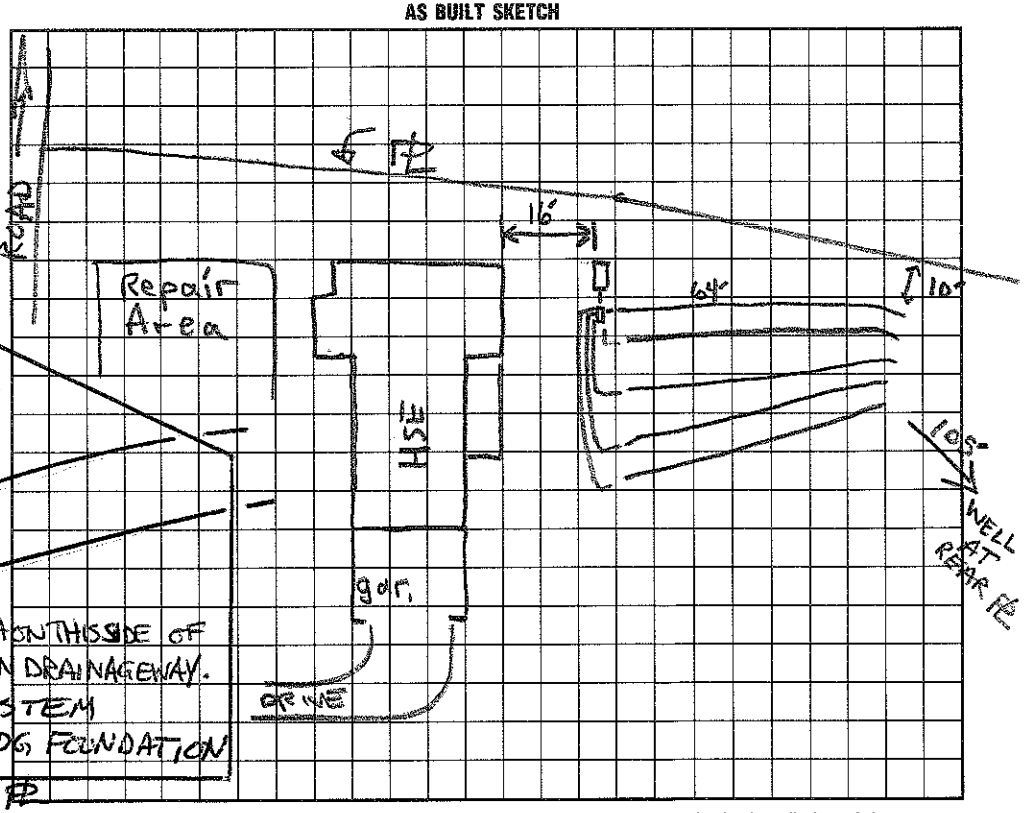
Comments: CONTACT DEPT PRIOR TO INSTALLATION. DO NOT INSTALL DURING WET SOIL CONDITIONS

Comments: tee - baffle - knockout - seal → O.K. Some honeycomb of concrete noticeable on bottom half of tank.

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: Andrea Lemon

Improvement Permit by: Andrea Lemon date 6-15-94

Existing System Inspection by: _____ date _____

Installed by: Larry Tucker

Certificate of Completion by: _____ date _____

Operation Permit by: Andrea Lemon date 9-12-94

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