before lunch

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. 2652 DATE 9/9/94 TAX MAP NO. IN 11 A 16 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Brightstar Development PHONE: Business 4668-61-5338 Home

ADDRESS R+7 Box 712 Mooresville, NC 28115

LOCATION (L) OVERHEAD BRIDGE (R) SCOTLAND DRIVE, (R) 3RD STREET - STRAIGHT AT CUL DESAC

SUBDIVISION HIGHLAND CROSSING BLOCK / SECTION LOT 16 LOT AREA 40,045 Ft² SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .25 - .3

Septic Tank: 1000 Gallons; STB 744 Hellwege Date 10-6-94
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet ~~240~~
No Lines 3 Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth

☑ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: 16" PPBS - DIST BOX
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

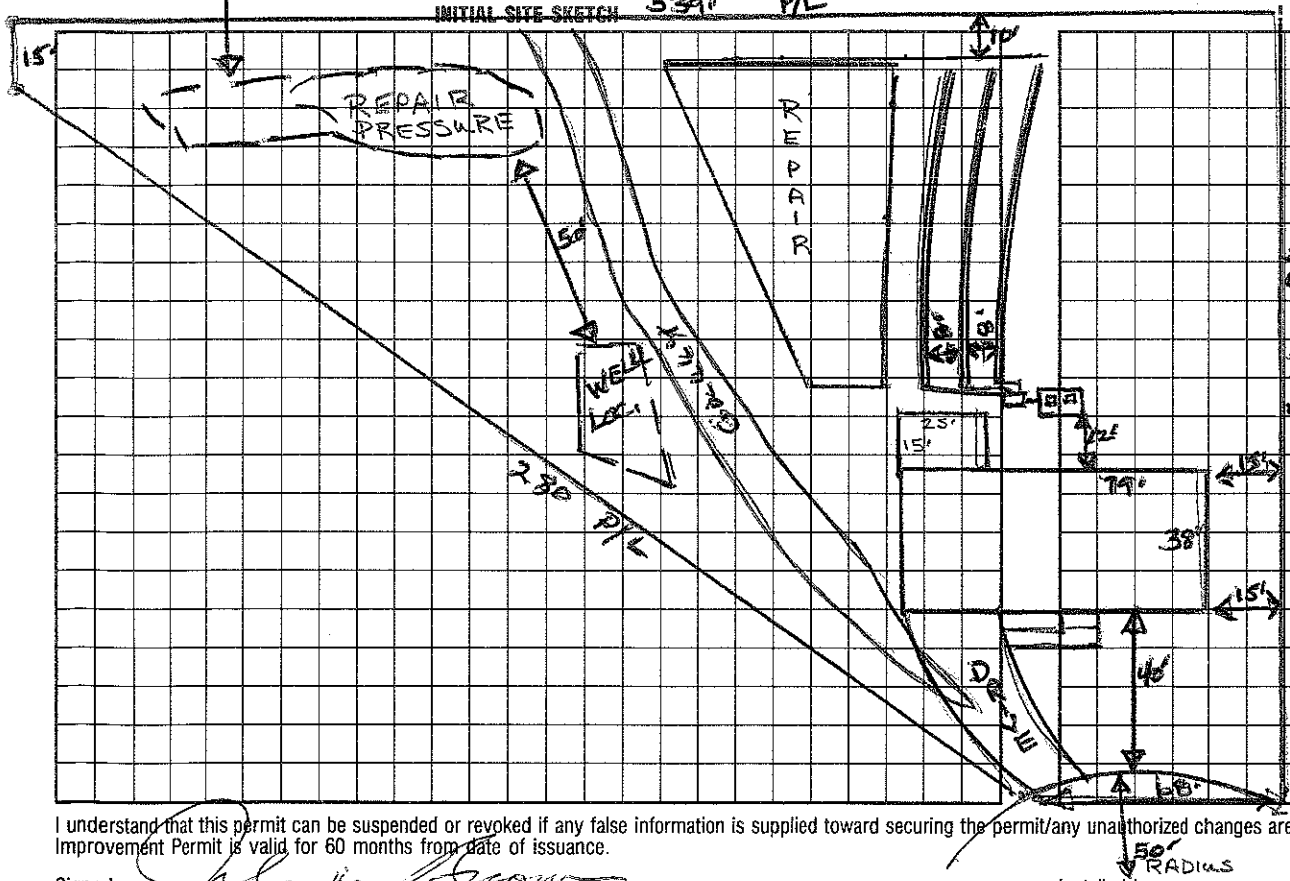
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

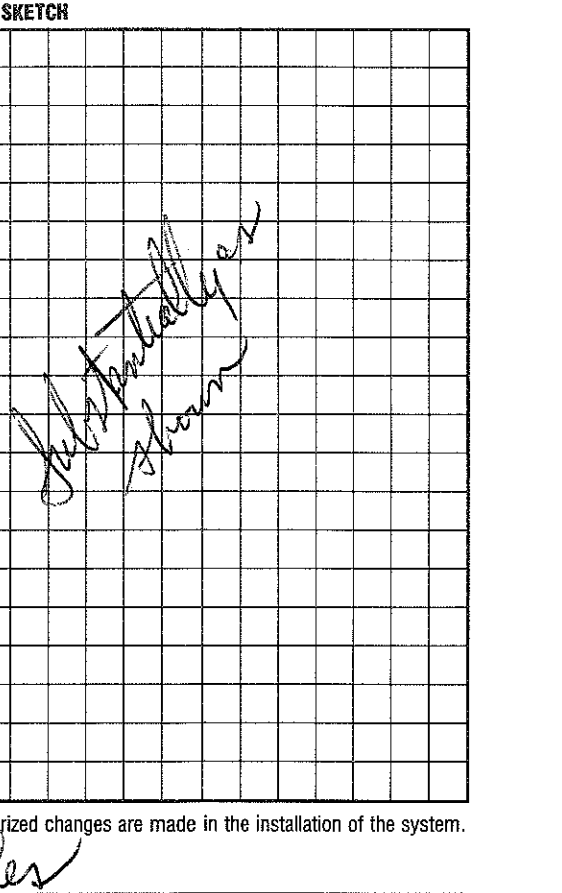
Comments: TIGHT - DO NOT CHANGE WO
ICHD APPROVAL
30" TRENCH DEPTH

Comments:

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: Wesley Sparks R.S. date 9/12/94

Existing System Inspection by: date

Installed by:

Certificate of Completion by: date

Operation Permit by: date 11/17/94

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