4674 166185

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. 16979 DATE 9/10/93 TAX MAP NO. 1B A 19

OWNER OR CONTRACTOR MICHAEL YOUNG (BRIAN) PHONE: Business _____ Home 663-4589

ADDRESS Rt 10 Box 667-A MOORESVILLE, NC

LOCATION 136 S, TR ACROSS FROM PRESBY. CHURCH FOLLOW DRIVE TO END ON (L)

SUBDIVISION N/A BLOCK / SECTION _____ LOT N/A LOT AREA _____ SITE CLASS. P L.T.A.R. .3

Water Supply: ☒ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

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

☐ 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

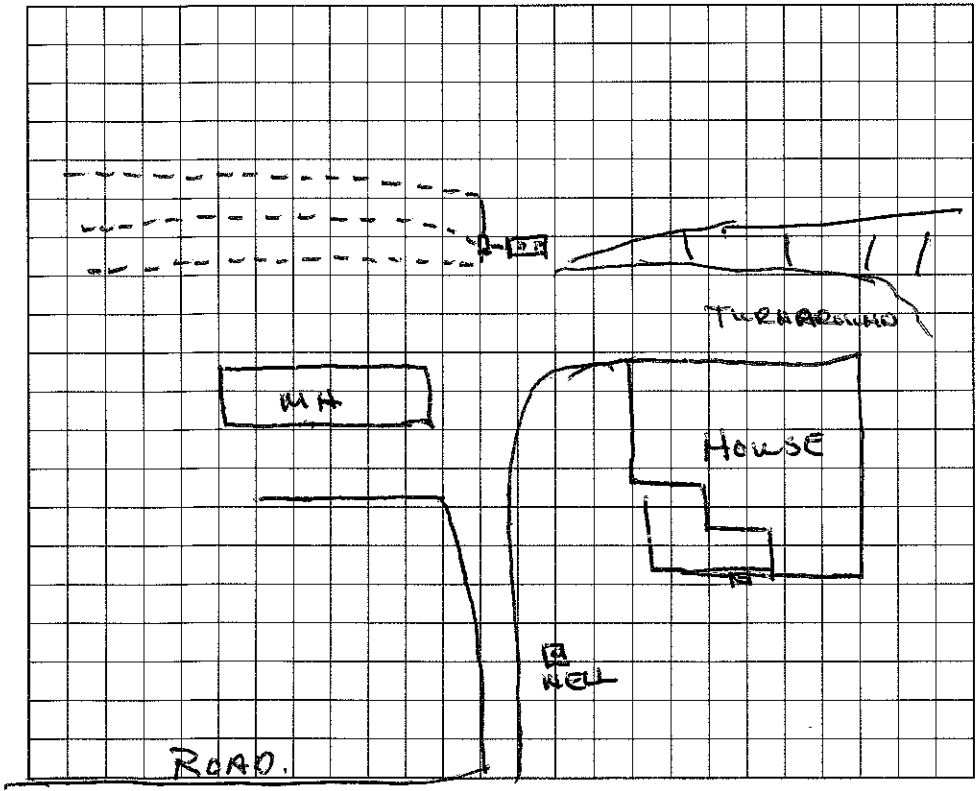
Auto. Dishwasher: ☒ Yes ☐ No

Auto. Washing Machine: ☒ Yes ☐ No

Other _____

Comments _____

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: _____ Installed by: _____

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: Wesley Sparks RS. date 9/10/93 Operation Permit by: _____ date _____

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