4674-37-6456

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. 17738 DATE 9/1/95 TAX MAP NO. 1B 3 1 - 2 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Dwain Brooks PHONE: Business _____ Home 892-9728

ADDRESS Rt 1 Box 248 Mooresville NC 28115

LOCATION 13 W S First Dr after Johnson Dairy Rd.

SUBDIVISION Rocky River Est BLOCK / SECTION _____ LOT 1+2 LOT AREA ~2.15AC SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 794 Date 6/21/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL - DROP BOX

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 1 No. Bathrooms 2.5 No. Employees _____

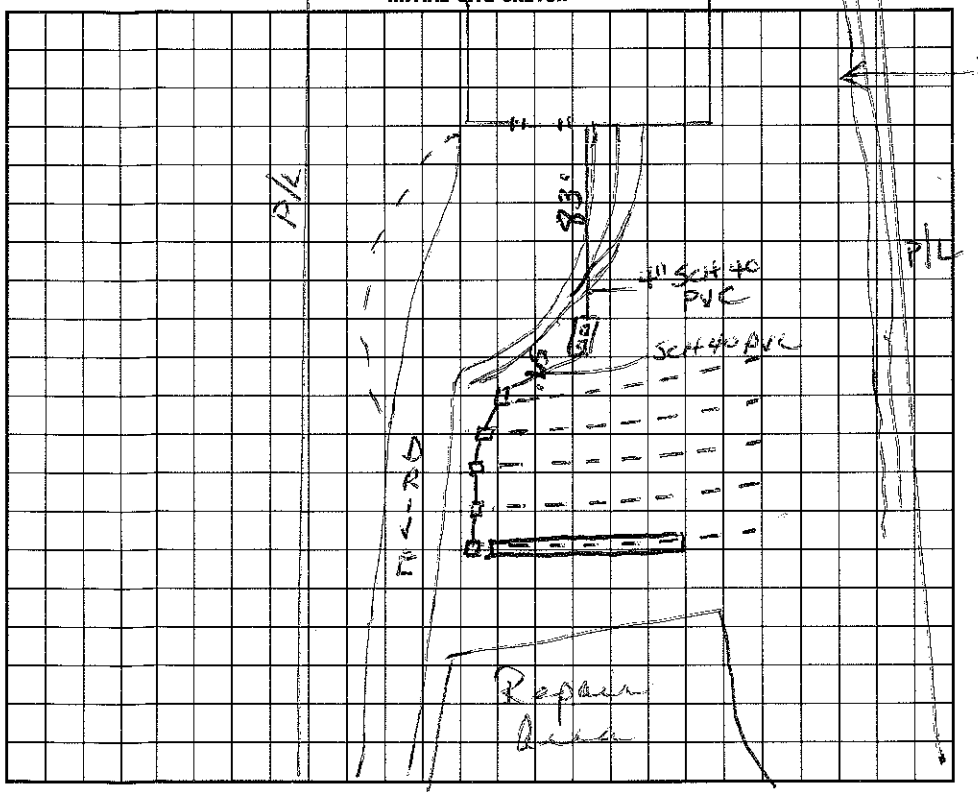
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments:
VOIDS 5/6/94
PERMIT

Comments:
Unfinished Addition

INITIAL SITE SKETCH



AS BUILT SKETCH

The proposed / existing Unfinished Addition 30'x40' addition does not appear to impact the existing septic system.

**NOTE: shall be min. 25' from well

No Plumbing

Judy McBride R.S.

Date: 5-6-13

ICHD-Environmental Health Division

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 9/1/95

Existing System Inspection by: _____ date _____

Installed by: Willis Christenbury

Certificate of Completion by: Wesley Sparks R.S. date 9/14/95

Operation Permit by: _____ date _____

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