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. 18008 DATE 8/22/94 TAX MAP NO. LE 7A 6 4675-39-1550 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR ~~FLOYD GREENE~~ CAROLYN ATWELL PHONE: Business ~~634-3515~~ Home 933-8598

ADDRESS ~~POBOX 1144 MOORESVILLE, NC 28115~~ 125 ELWOOD ST ~~KARLOTTE~~ KARLOTTE, NC. 28081

LOCATION 1365 ON (L)

SUBDIVISION HUNTERS CREEK BLOCK / SECTION ____ LOT 6 LOT AREA ~2 AC SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .15

Septic Tank: 1000 Gallons; STB 925 Date 11/14/95

Pump Tank: 1089 Gallons; PT 47 Date 3/1/95

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 2400 Linear Feet 480

No Lines 6-8 Trench Width 12" Max Trench Bottom Depth 15" Gravel Depth ~~Actual~~ 8

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

System Description: LPP - SHALLOW

Repair System Description: LPP -

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

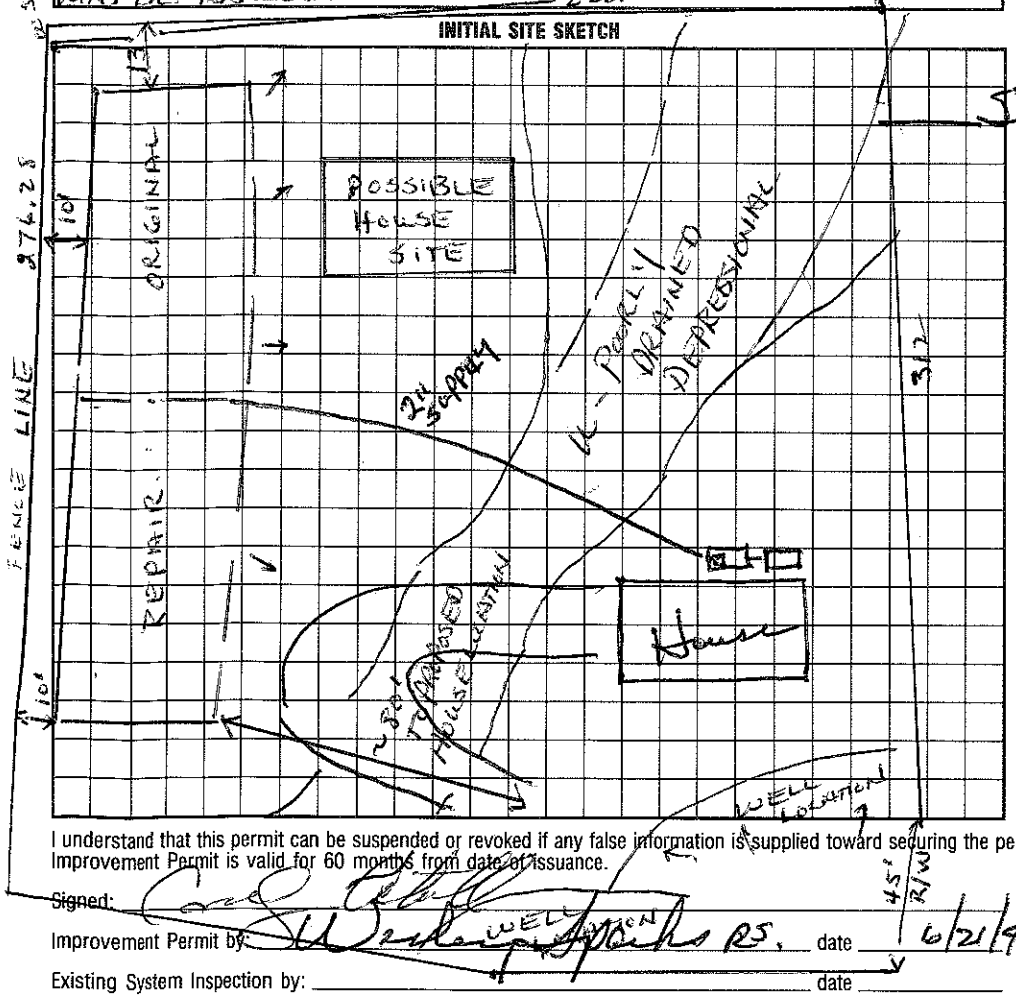
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: SHALLOW LPP WITH LPP REPAIR - WELL MUST GO WHERE DRIVE ENTERS PROPERTY, ENGINEERED PLANS REQUIRED BEFORE IMP PERMIT MAY BE ISSUED.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

See attached site plan - Septic Plan shown on plan from Rowan Septic Tank.

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: Carolyn Atwell

Improvement Permit by: Wesley Sparks R.S. date 6/21/94

Existing System Inspection by: ____ date ____

Installed by: Rowan Septic Tank

Certificate of Completion by: Wesley Sparks R.S. date 4/26/95

Operation Permit by: Wesley Sparks R.S. date ____

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