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. 1450 DATE 1/4/94 TAX MAP NO. 1N9 -B- 8 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR LARRY MORROW PHONE: Business 664-3206 Home 4677-36-3864

ADDRESS PO BOX 1317 DAVIDSON, NC. 28036

LOCATION PICWYCK VILLAGE TL THISTLE LN. TO 2ND LOT ON (L)

SUBDIVISION PICWYCK VILLAGE BLOCK / SECTION II LOT 8 LOT AREA ~1.15 AC SITE CLASS. P. DESIGN FLOW 360 L.T.A.R. (.2-.25)

Septic Tank: 1000 Gallons; STB 794 Date 7/7/94
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1800 Linear Feet 300 *
No Lines 6 Trench Width 2' Max Trench Bottom Depth 36" Gravel Depth 6" SAND

☑ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: GRAVITY - PANEL
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

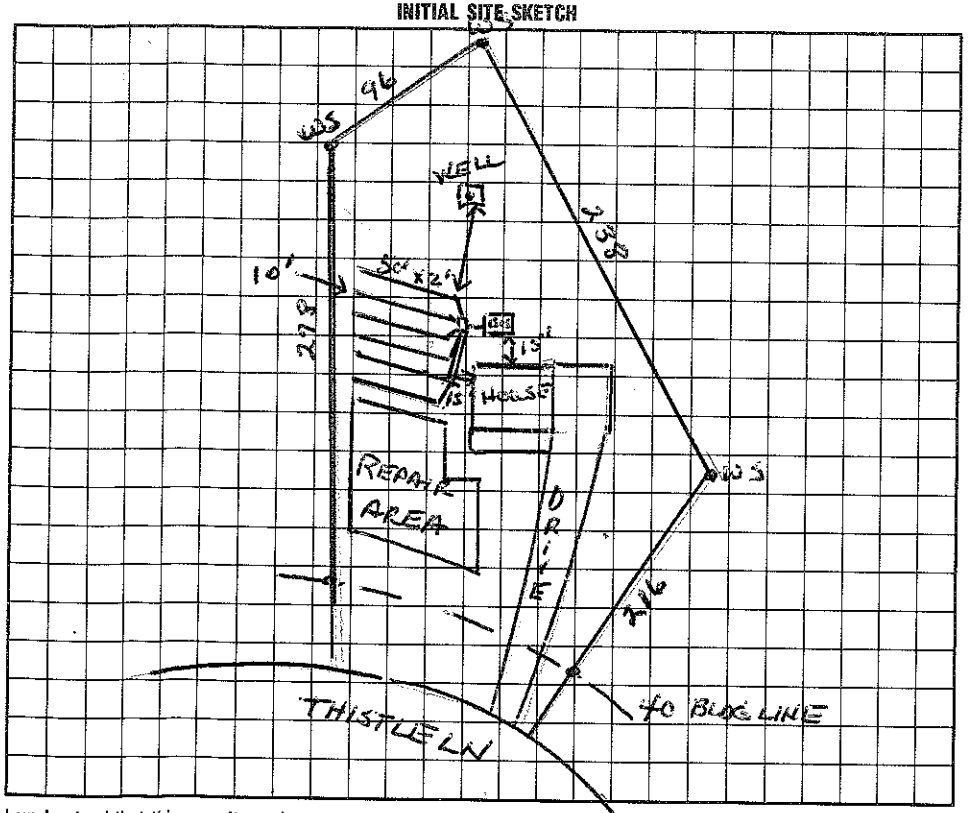
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

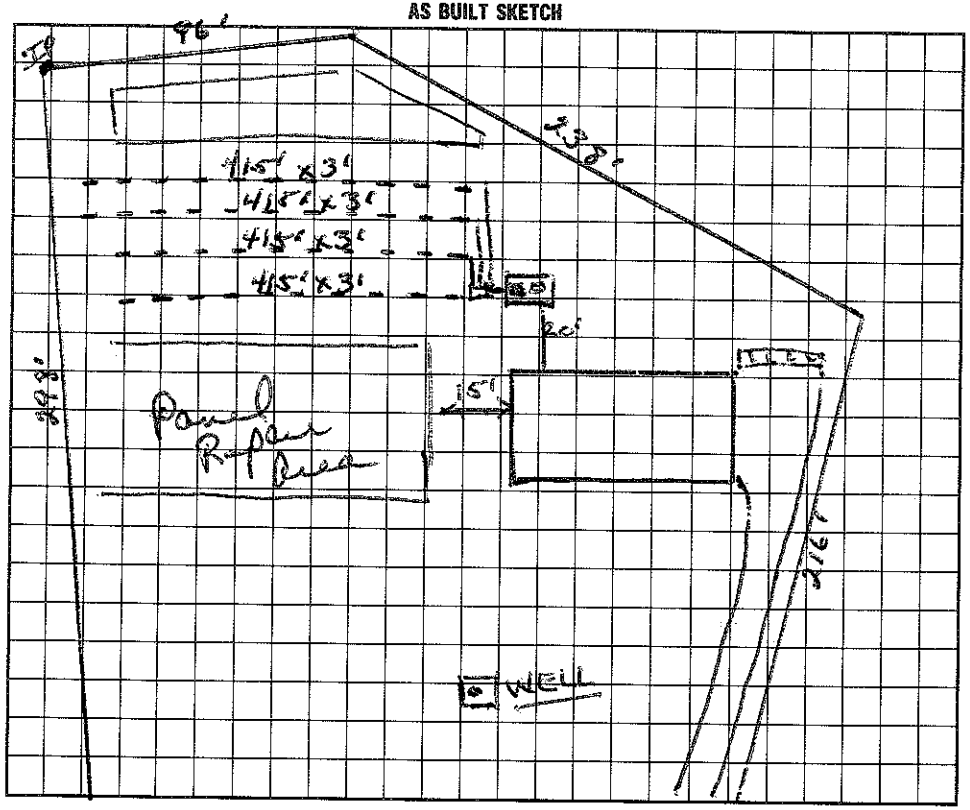
Comments:

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 1/4/94

Existing System Inspection by: ____ date ____

Installed by: Larry Beam

Certificate of Completion by: Wesley Sparks R.S. date 8/29/94

Operation Permit by: ____ date ____

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