4677668237

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. 18073 DATE 4/12/94 TAX MAP NO. 1G A 2E Watershed: ☐ Yes ☑ ~~No~~

OWNER OR CONTRACTOR MARK S REID PHONE: Business Home 664-3482

ADDRESS 142 E STERART AVE MOORESVILLE, NC. 28115

LOCATION 152E ~. 4 mile turn (L) to REAR OF FIELD

SUBDIVISION BLOCK / SECTION LOT LOT AREA 4.7 Ac. SITE CLASS. P DESIGN FLOW ~~330~~ 240 L.T.A.R. .2

Septic Tank: 1000 Gallons; STB 794 Date 9-15-94
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320
No Lines 3 Trench Width 3' Max Trench Bottom Depth 30" Gravel Depth 12"

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

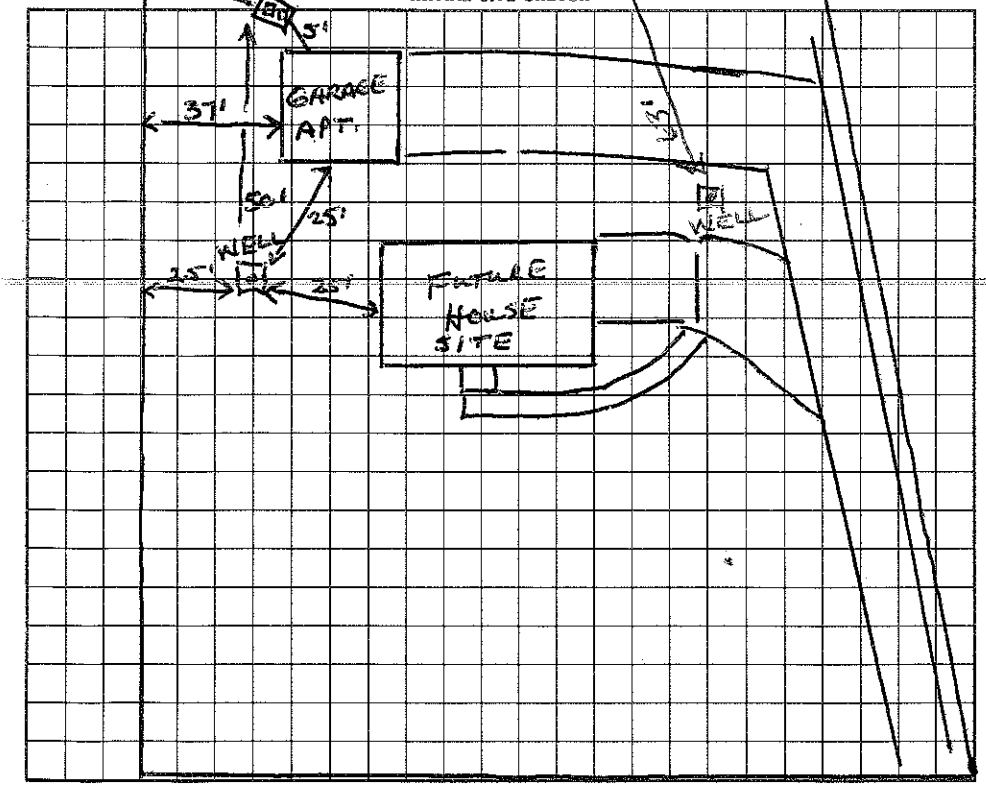
☑ House/Mod. Home No. Bedrooms 1
☐ Mobile Home No. Bathrooms 1.5
☐ Business No. Employees
☐ Other

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

Water Supply:
☑ Individual
☐ Community
☐ Public

Comments:
106' x 3' REPAIR AREA
106' x 3' ↕ 9'
106' x 3' ↕ 9'

INITIAL SITE SKETCH



Comments:
Constructed essentially as shown.

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: Mark S Reid

Improvement Permit by: Wesley Sparks RS date 4/12/94

Existing System Inspection by: date

Installed by: Larry Beam

Certificate of Completion by: Wesley Sparks RS. date 11/7/94

Operation Permit by: date

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