4678 69 16660

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. 17222 DATE 10/22/93 TAX MAP NO. 413 - A - 21 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR BRYAN L SLOOP PHONE: Business _____ Home 664 - 1147

ADDRESS 2350 SLOOP RD. MOORESVILLE, NC.

LOCATION WIGGINS RD; 80 IN TR ON WIGGINS RD ~ .7 MILE ON (C) TO REAR OF FIELD

SUBDIVISION N/A BLOCK / SECTION _____ LOT _____ LOT AREA ~ 20 AC SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3 Trench Width 3' Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: CONV - DIST. BOX

Repair System Description: CONV - DIST. BOX

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees _____

☐ Other _____

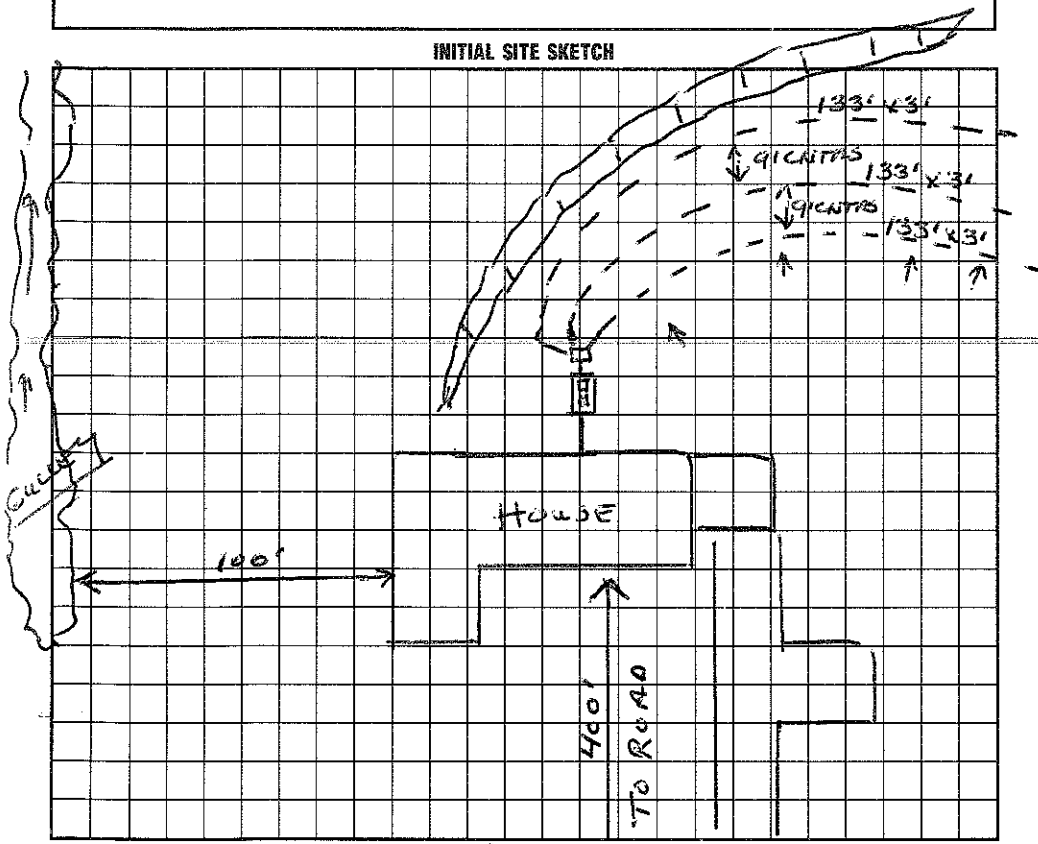
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Community
☐ Public

Comments: TRENCHES NO DEEPER THAN 24" TO TRENCH BOTTOM. LINES ON UPPER TERRACE OF THE 3 - ON CONTOUR IN DIRECTION SHOWN.

Comments: Installed essentially as shown.

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. WIGGINS RD.

Signed: Marvin Sloop

Improvement Permit by: Wesley Sparks RS. date 10/22/93

Existing System Inspection by: _____ date _____

Installed by: Leroy Bevon

Certificate of Completion by: Wesley Sparks RS. date 9/19/94

Operation Permit by: _____ date _____

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