4684-26-4125

COPY

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. 19839 DATE 12/14/94 TAX MAP NO. Pt of 1A-A-7 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Emma Lee Duncan PHONE: Business _____ Home 663-6291

ADDRESS 338 Rustic Rd. Mooresville, NC. 28115

LOCATION Rustic Rd off Patterson Farm on (L) just before road ends

SUBDIVISION Emma Lee Duncan BLOCK / SECTION _____ LOT 3 LOT AREA 31080 sq ft SITE CLASS. P DESIGN FLOW 360/360 L.T.A.R. .3

Septic Tank: 1000/1000 Gallons; STB 825/825 Date 3/11/95 3/11/95 ☑ New System ☐ Repair System Type: I (II) III, IV, V, VI

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

System Description: CONV - DIST. BOX - SPEED LEVEL

Repair System Description: _____

Nitrification Field: No Fields 2 Square Feet 1200/1200 Linear Feet 400/400

No Lines 3/3 Trench Width 36" Max Trench Bottom Depth 36 Gravel Depth _____

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☑ Other 2/3BDRM APTS.

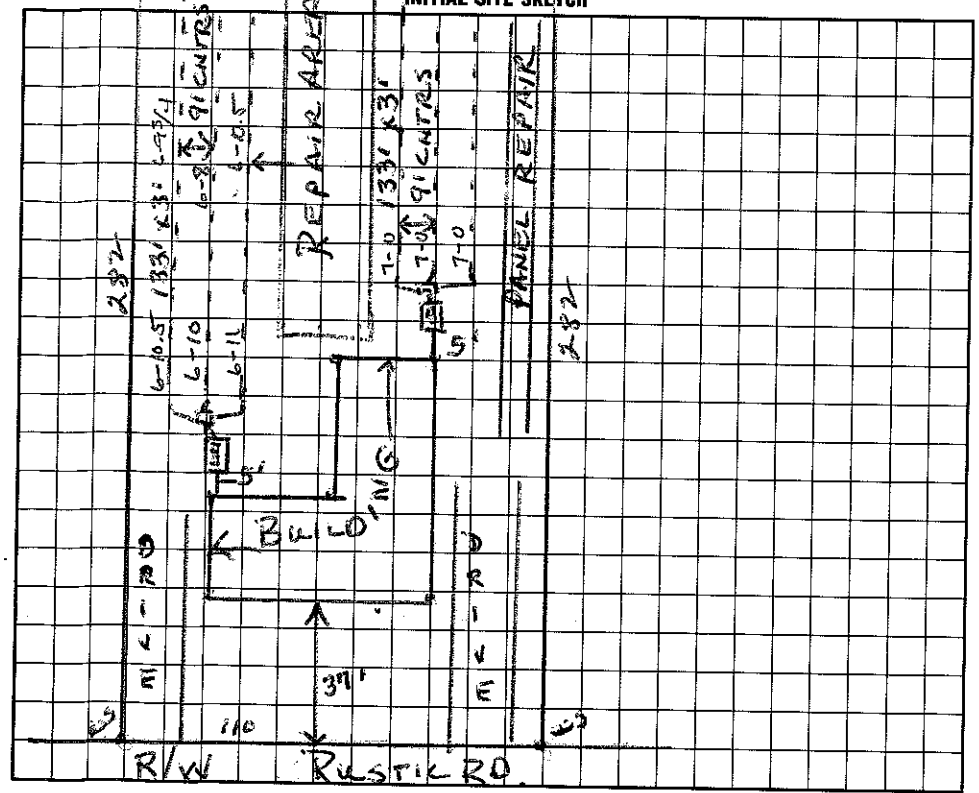
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Tanks must be sand shallow w/ trench depth is to be maintained

Comments: Installed 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.

Signed: X Howard D. Sorrow

Improvement Permit by: Wesley Sparks RS. date 12/14/94

Existing System Inspection by: _____ date _____

Installed by: Delbert Bunting

Certificate of Completion by: Wesley Sparks RS. date 6/15/95

Operation Permit by: _____ date _____

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