4684-26-4125

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. Ptof 1A-A-7 Watershed: ☑ Yes ☐ No

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

ADDRESS 338 Rustic Rd. Mooresville, NC. 28115

LOCATION Rustic Rd off Pattenson Farm on L just before road ends

SUBDIVISION Anna 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 _____ System Description: CONV - DIST. BOX - SPEEDLEVEL

Pump Make: _____ Model _____ Serial No. _____ Repair System Description: _____

Nitrification Field: No Fields 2 Square Feet 1200/1200 Linear Feet 400/400 Maintenance Agreement Required: ☐ Yes ☐ No

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

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☑ Other 2/3BDRm APTS.

No. Bedrooms _____ No. Bathrooms _____ No. Employees _____

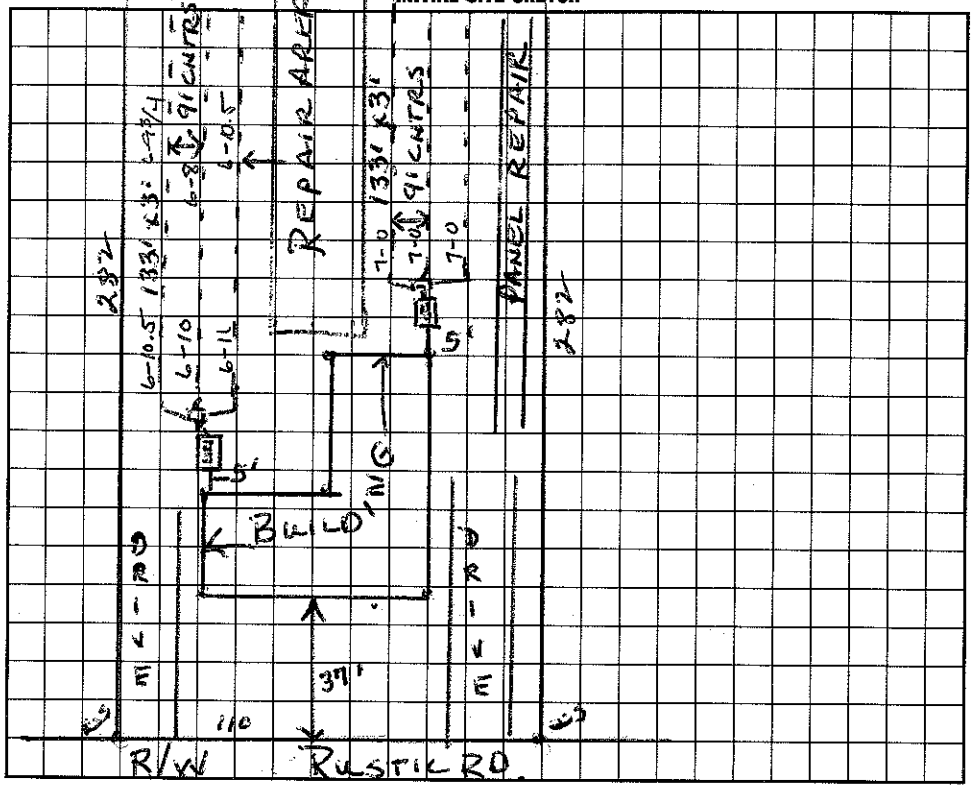
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Tanks must be set shallow as trench depth is to be maintained

Comments: as 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. Sparks by Wesley Sparks

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

Existing System Inspection by: _____ date _____

Installed by: Delbert Bustin

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