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. 19625 DATE 11-8-94 TAX MAP NO. 8M-B-9 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Richard B. Alexander PHONE: Business _____ Home 873-4636

ADDRESS 145 Mock Mill Rd. Statesville, NC. 28677

LOCATION I-40W TL Old Mtn. Rd TR Beulah Rd Stay Straight Mock Mill Rd. TL B.C. Drive Last Lot on R

SUBDIVISION R.B. Alexander BLOCK / SECTION _____ LOT 3 LOT AREA .51 acres SITE CLASS. P.S. DESIGN FLOW 240 L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 10-11-94
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 265'
No Lines 3 Trench Width 36" Max Trench Bottom Depth 30"-36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description Conventional, gravity fed
Repair System Description: pump to conventional
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 2 No. Bathrooms 1.5 No. Employees ____

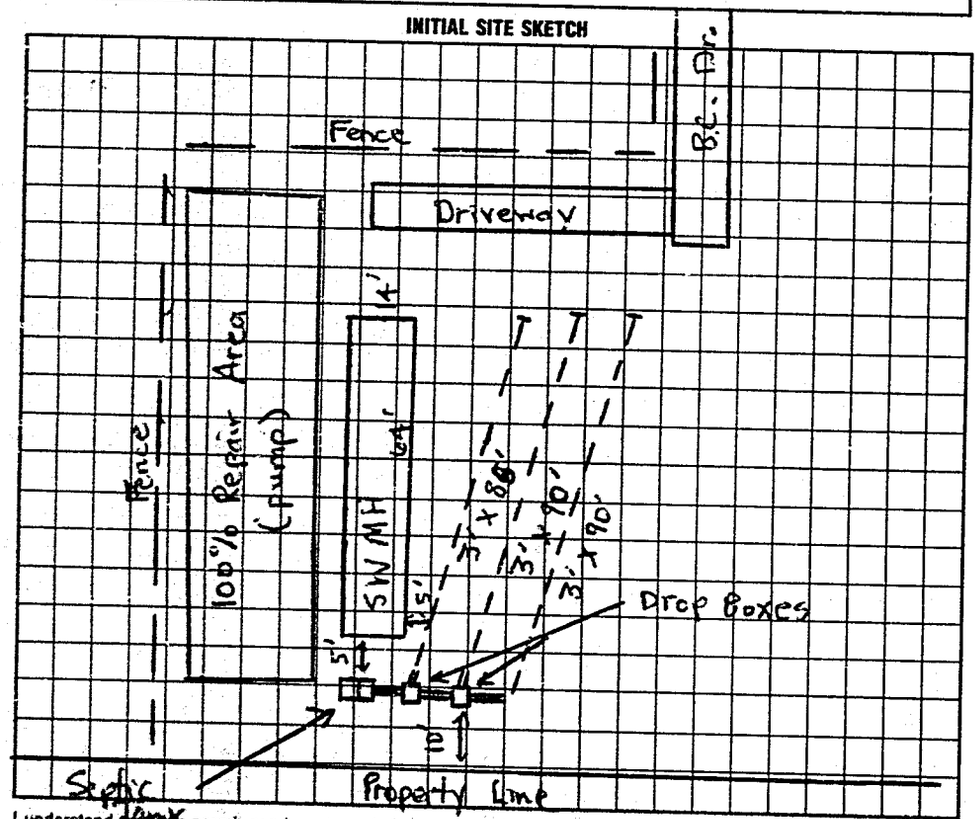
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

Comments: Install lines on contour. Keep system 5' from foundation of home, 10' from all property lines, and 10' from water line. 100% Repair Area above home pump to conventional.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS INITIAL 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: Richard B Alexander

Improvement Permit by: Michael L Dennis date 11-8-94

Existing System Inspection by: _____ date _____

Installed by: A-1 Backhoe

Certificate of Completion by: Michael L Dennis date 11-17-94

Operation Permit by: _____ date _____

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