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. 16650 DATE 7/13/93 TAX MAP NO. 9D-12-A-42 44

OWNER OR CONTRACTOR RANDY LEE MOORE PHONE Business Home

ADDRESS P.O. BOX 154, MT. MOURNE NC 28123

LOCATION NC 90 W TR LITTLE FARM ROAD, TL 1ST ENT. CEDAR RIDGE LN, TR CEDARBROOK

SUBDIVISION CEDAR RIDGE BLOCK / SECTION LOT 44 LOT AREA AMPLE SITE CLASS P3 L.T.A.R. 0.35 GPD/FT2

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Nitrification Field: No. Fields 1 Square Feet 1035 Linear Feet 345

No. Lines 3 Trench Width 36" Trench Depth 36 Gravel Depth 12"

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

System Description: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home S/W ☐ Business ☐ Other

No. Bedrooms 2 No. Bathrooms 1 No. Employees

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

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

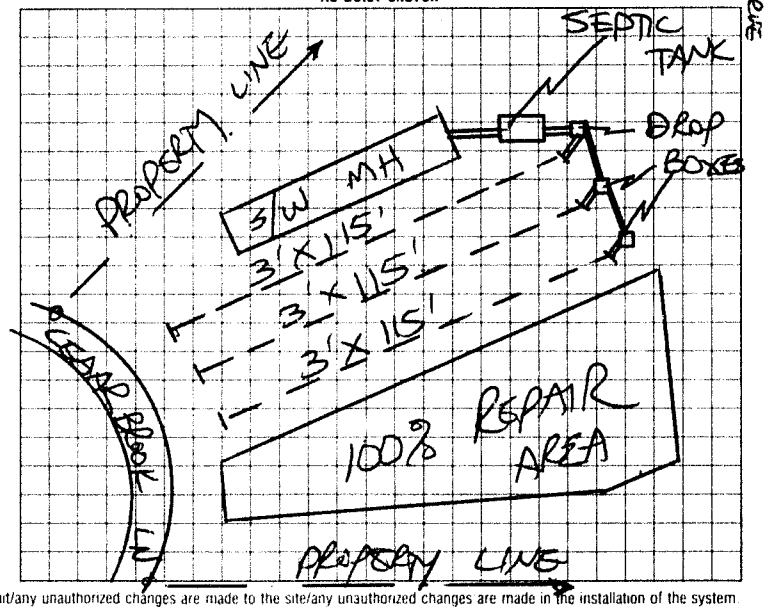
Other

Comments ① SYSTEM IS APPROVED FOR 3 BR.
② KEEP SYSTEM MINIMUM 5' FROM MH.
③ P.D. SHOW LOT 42 - ACTUAL LOT 44

D/U (R) AT CURVE

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:

Improvement Permit by: date

Existing System Inspection by: STEVE HEDRICK date 7/13/93

Installed by:

Certificate of Completion by date

Operation Permit by date

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