48238

IREDELL COUNTY HEALTH DEPARTMENT

Terry Waggoner

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 16715 DATE 7-26-93 TAX MAP NO. 3E-B-66

OWNER OR CONTRACTOR Tyrone Stoner PHONE: Business _____ Home 665-5325

ADDRESS Rt. 8 Box 890-O Oates Rd. Mooresville, NC 28115

LOCATION From Troutman take Perth Rd. TR State Park Rd. TR Hicks Creek Rd. Lot on R just after creek.

SUBDIVISION NA BLOCK / SECTION _____ LOT _____ LOT AREA 14.2 acre SITE CLASS. P.S. L.T.A.R. .35 gpd/ft²

Water Supply: ☑ Individual ☐ Community ☐ Public Well To Be Located.

Septic Tank: 1000 Gallons; STB 358 Date 10-18-93

Pump Tank: — Gallons; PT — Date —

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

No Lines 3 Trench Width 36" Trench Depth 24"-30" Gravel Depth 12"

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

System Description: conventional, gravity

Repair System Description: "

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2.5 No. Employees —

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

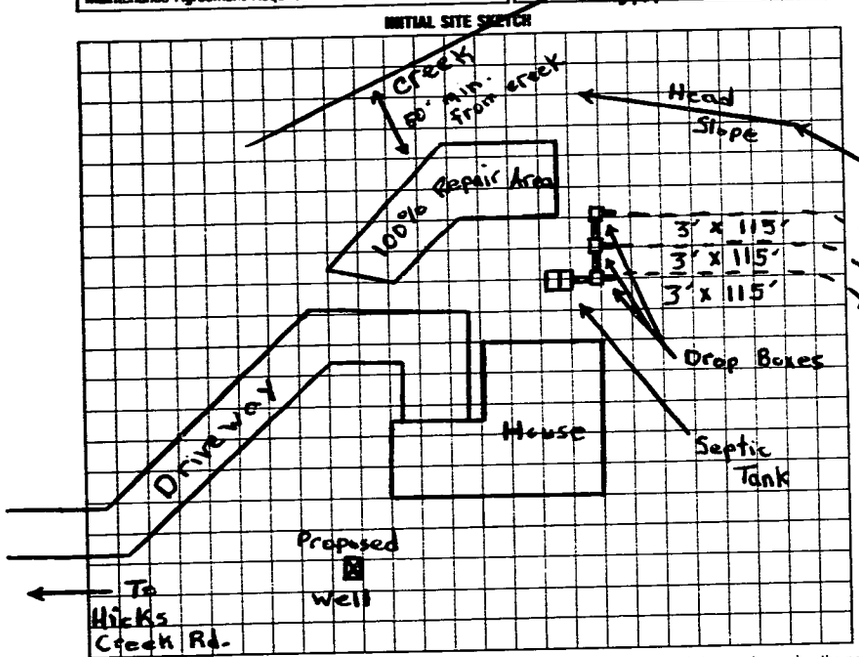
Auto. Washing Machine: ☑ Yes ☐ No

Other _____

☑ Basement wo/plumbing

Comments Install system shallow, no deeper than 30" to trench bottom. Keep Nitrification Lines on contour. Keep system min. 5' from foundation of home, 10' from all property lines, and 100' from well. Use drop boxes to distribute effluent. 100% Repair Area below system, conventional, gravity fed.

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: _____

Improvement Permit by: Michael J. Dennis date 7-26-93

Existing System Inspection by: _____ date _____

Installed by: F.J. Ervin

Certificate of Completion by: Michael J. Dennis date 12-9-93

Operation Permit by: _____ date _____

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