47402

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. 16411 DATE 8-18-93 TAX MAP NO. 35-6-1-7

OWNER OR CONTRACTOR Keith Carroll PHONE: Business _____ Home 664-1155

ADDRESS _____

LOCATION I40W TL Old Mtn. Rd. Lot on R past Lippard Springs S/D on L

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

Water Supply: ☑ Individual ☐ Community ☐ Public Well

Septic Tank: 1000 Gallons: STB 782 Date 7-7-93

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'-36" 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 No. Employees —

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

Garbage Disposal: ☐ Yes ☑ No

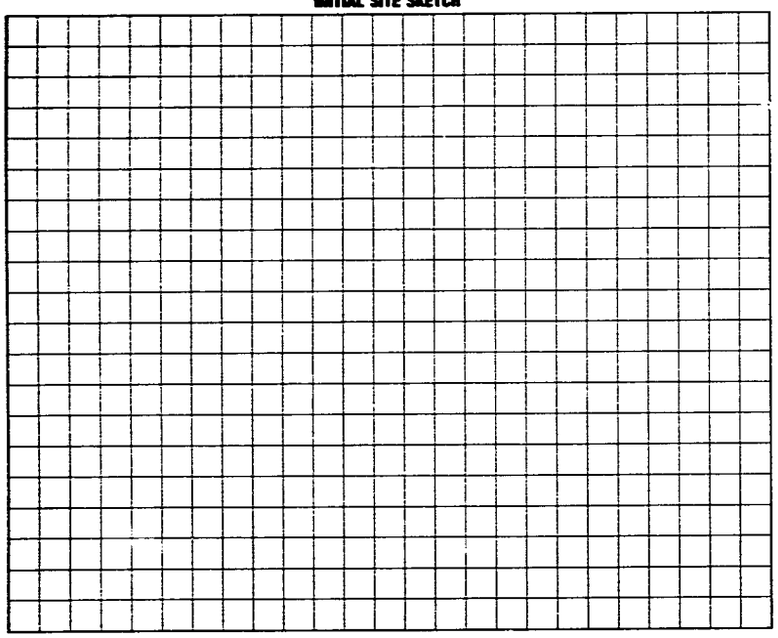
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

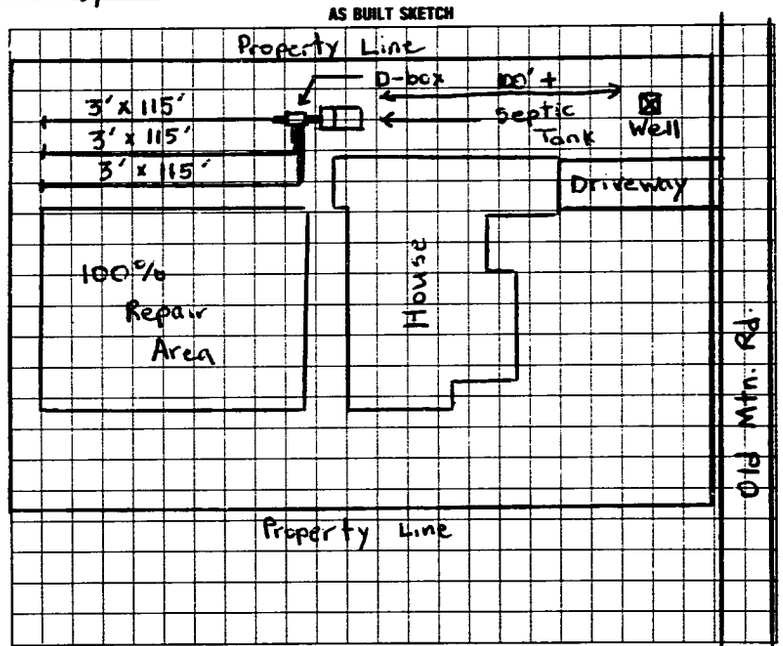
Other _____

Comments 100% Repair Area below system conventional, gravity fed. Recommended that surface diversion ditch be cut around top of septic system to drain water away from it. System uncovered during rain storm, this may affect life span of system.

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: Michael J. Dennis date 5-27-93

Existing System Inspection by _____ date _____

Installed by: F.J. Ervin

Certificate of Completion by: Michael J. Dennis date 9-19-93

Operation Permit by: _____ date _____

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