48251

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. 16746 DATE 8/3/93 TAX MAP NO. PART OF 9D-A-18

OWNER OR CONTRACTOR JOHN K. McELFRESH PHONE: Business (G&G BLDRS) Home 871-3241

ADDRESS RT. 1 BOX 327, MOCKSVILLE NC 27028

LOCATION NC 115 N, TL SCOTTS CREEK RD, TR MILLER FARM RD, TR DOE TRAIL, 5th ON (R)

SUBDIVISION DEERCROFT BLOCK / SECTION I LOT 5 LOT AREA 108 x 260 SITE CLASS: PS L.T.A.R. 0.35 GPD/FT²

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: 1000 Gallons: STB 358 Date 10/5/93

Pump Tank: _____ Gallons: PT _____ Date _____

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

No Lines 5 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 No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

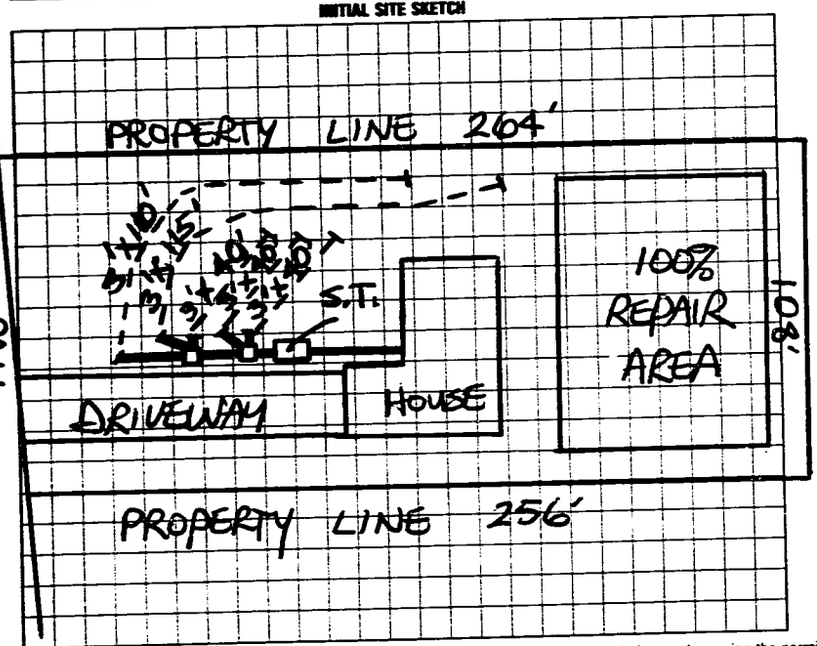
Auto. Washing Machine: ☑ Yes ☐ No

Other _____

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

Comments ① KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE ② INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' ON CENTER ③ INSTALL TWO DISTRIBUTION BOXES AS SHOWN.

INITIAL SITE SKETCH



DOE TRAIL

AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE 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 Mike Dotts

Improvement Permit by: STEVE HEDRICK date 8/3/93

Existing System Inspection by: _____ date _____

Installed by: DAVID YOUNTS

Certificate of Completion by: STEVE HEDRICK date 11/16/93

Operation Permit by: _____ date _____

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