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. _____ DATE 7-14-93

OWNER OR CONTRACTOR (Statesville) moose Lodge PHONE: Business 528-4198 TAX MAP NO. _____

ADDRESS Moose Club Road Home _____

LOCATION 21 South at Barium Sp. Th moose club Rd 1/2 mi on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA acreage SITE CLASS. 05 L.T.A.R. .25

Water Supply: ☒ Individual ☐ Community ☐ Public

Septic Tank: 1500 Gallons; STB 1011 Date 6-16-93 + 1000 5-27-93

Pump Tank: 1500 Gallons; PT 99 Date 12-23-92 grease trap

Nitrification Field: No Fields 1 Square Feet 2700 Linear Feet 900

No Lines 12 Trench Width 36" Trench Depth 24" Gravel Depth 12"

☐ New System ☒ Repair System Type: I. II (III) IV. V. VI

System Description: _____

Repair System Description: Conv. Pump

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☒ Other mooseLodge

No. Bedrooms _____ No. Bathrooms _____ No. Employees _____ 675gal/day

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing

Garbage Disposal: ☐ Yes ☐ No

Auto. Dishwasher: ☐ Yes ☐ No

Auto. Washing Machine ☐ Yes ☐ No

Other _____

Basement wo/plumbing

Comments Replacing Package Treatment Plant with Drawing Absorption waste water Treatment system System is designed for 675 gal/day Figures based on comparison To Statesville Elks Lodge figures which were mention

INITIAL SITE SKETCH

See Attached Drawing

AS BUILT SKETCH

(water meter set Beginning reading 7300 will be in cubic feet)

See Attached Drawing

Same as Drawn

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: Barry Biggerstaff

Improvement Permit by: D. C. moore date 7-14-93

Existing System Inspection by: _____ date _____

Installed by: AAA Enterprises

Certificate of Completion by: D. C. moore date 8-4-93

Operation Permit by: D. C. moore date _____

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