IREDELL COUNTY HEALTH DEPARTMENT

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

5/292

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

PROPERTY DESCRIPTION NO. 18495 DATE 5/12/94 TAX MAP NO. 10D-1-A-13 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR G & G BUILDERS PHONE: Business Home (704) 492-7810

ADDRESS RT. 1, Box 327 MOCKSVILLE, NC 27028

LOCATION NC 115 N TR SULLIVAN FARM ROAD, TR MEADOW OAKS DRIVE, ON (R) AT OUTER LOOP,

SUBDIVISION MEADOW OAKS BLOCK / SECTION ____ LOT 13 LOT AREA 130 x 230 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.336 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 5/23/94

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 5 Trench Width 36" Max Trench Bottom Depth 18-36 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 4

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees ____

☐ Other ____

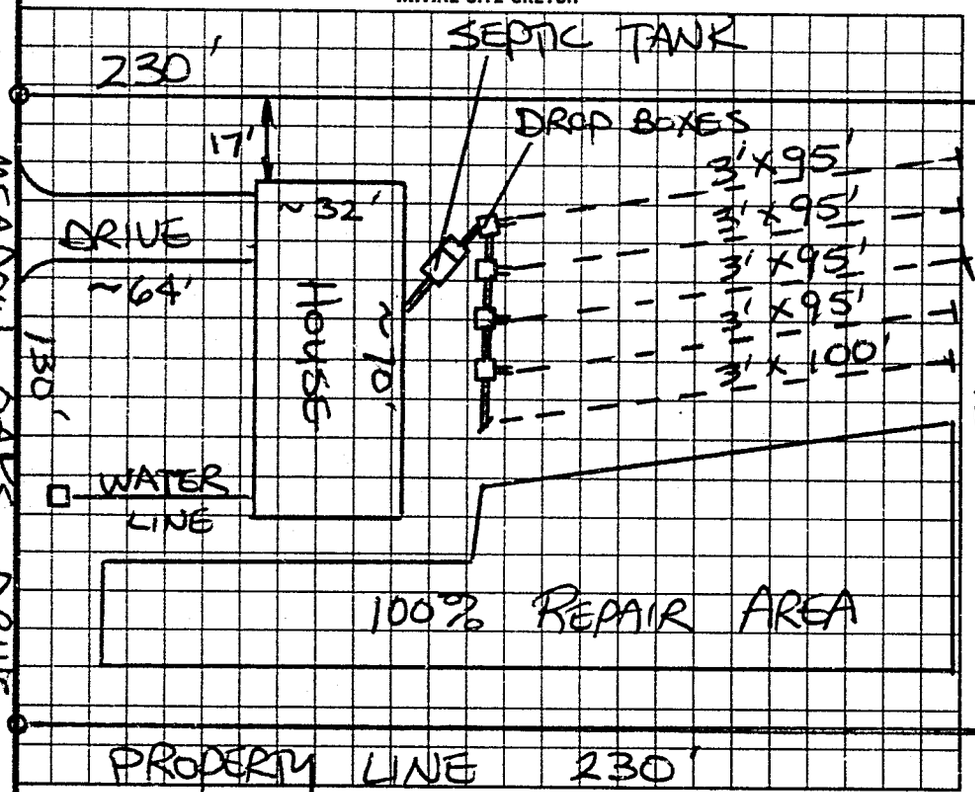
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: (1) KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE (2) INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", MINIMUM 9' APART ON CENTER.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL 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 Butler

Improvement Permit by: STEVE HEDRICK date 5/12/94

Existing System Inspection by: ____ date ____

Installed by: DAVID YOUNTZ

Certificate of Completion by: STEVE HEDRICK date 8/25/94

Operation Permit by: ____ date ____

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