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. 16943 DATE 11/16/93 TAX MAP NO. 46-4 A 48 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR MEL GRAHAM (CARROLL FISHER CONST) PHONE: Business 663-6124 Home 4750-88-7857

ADDRESS 7767 PARR RD. CHAR., NC.

LOCATION BEATTIES FORD RD, TL ON PHEASANT RUN RD. TO LAST LOT ON (L) BEFORE CUL DE SAC

SUBDIVISION PHEASANT RUN BLOCK / SECTION ____ LOT 48 LOT AREA ____ SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 825 Date 12/1/93

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet ~~360~~ 400 AWS

No Lines ~~4~~ 4 AWS Trench Width 3' Max Trench Bottom Depth 34" Gravel Depth 12

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

System Description: CONV. - DIST. BOX

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

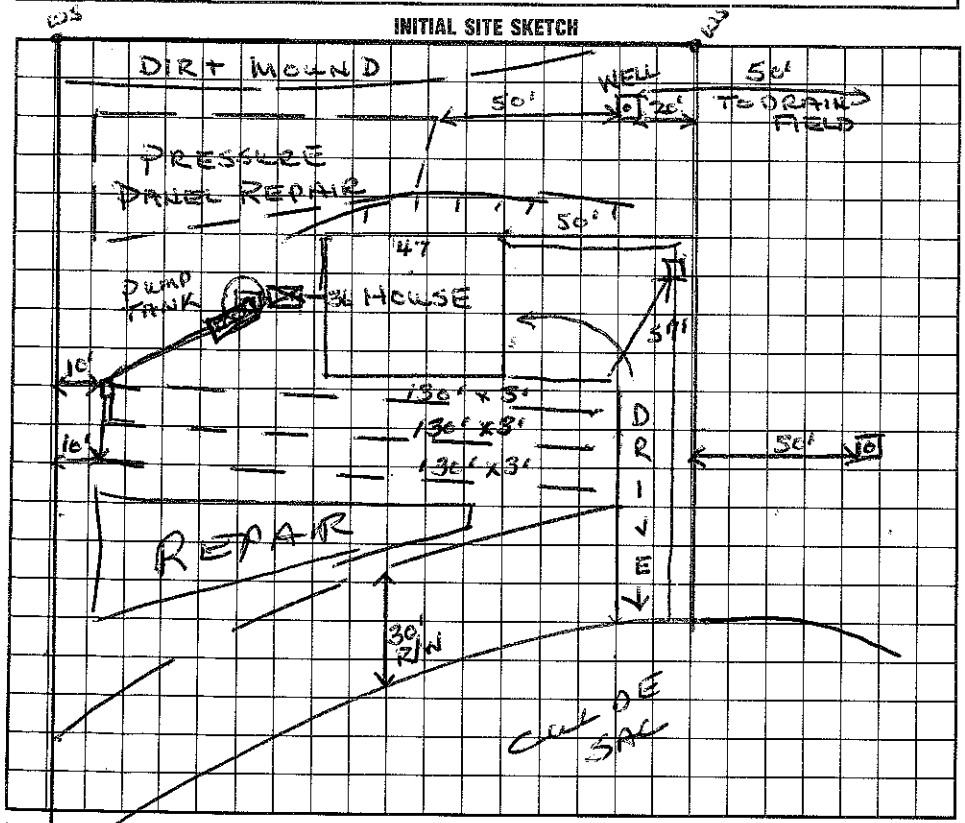
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

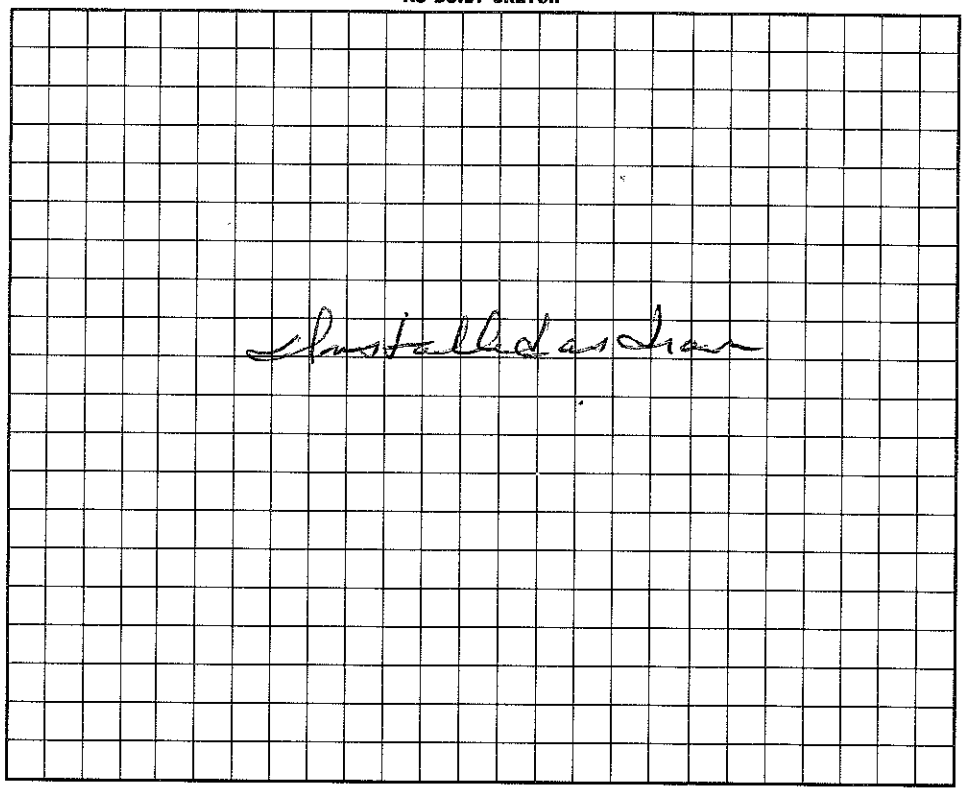
Comments: SPEED LEVELERS REQUIRED IN DIST. BOX
VERY TRICKY SLOPE - BE CAREFUL WITH HOUSE PLACEMENT - KEEP PLUMBING SHALLOW AS POSSIBLE

Comments:

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: Jennifer L. Mason for Carrol Fisher Const.

Improvement Permit by: Wesley Sparks RS date 11/16/93

Existing System Inspection by: ____ date ____

Installed by: Rowan Septic Tank

Certificate of Completion by: Wesley Sparks RS date 2/16/94

Operation Permit by: ____ date ____

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