4760 24 6978

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. 15719 DATE Nov. 17, '94 TAX MAP NO. part of 4GA14 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Toni B. Moore PHONE: Business _____ Home _____

ADDRESS 943 Oak St, Mooresville

LOCATION 115 N TR 2383 To Walkers Crk Rd. past Wesley Chapel Church TR 1st drive ~700' off road

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW 360 gpd L.T.A.R. 1.3

Septic Tank: 1000 Gallons; STB 714 Dillinger Date 10-6-94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth ~24" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: Sewage or pumped conv

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home DW No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

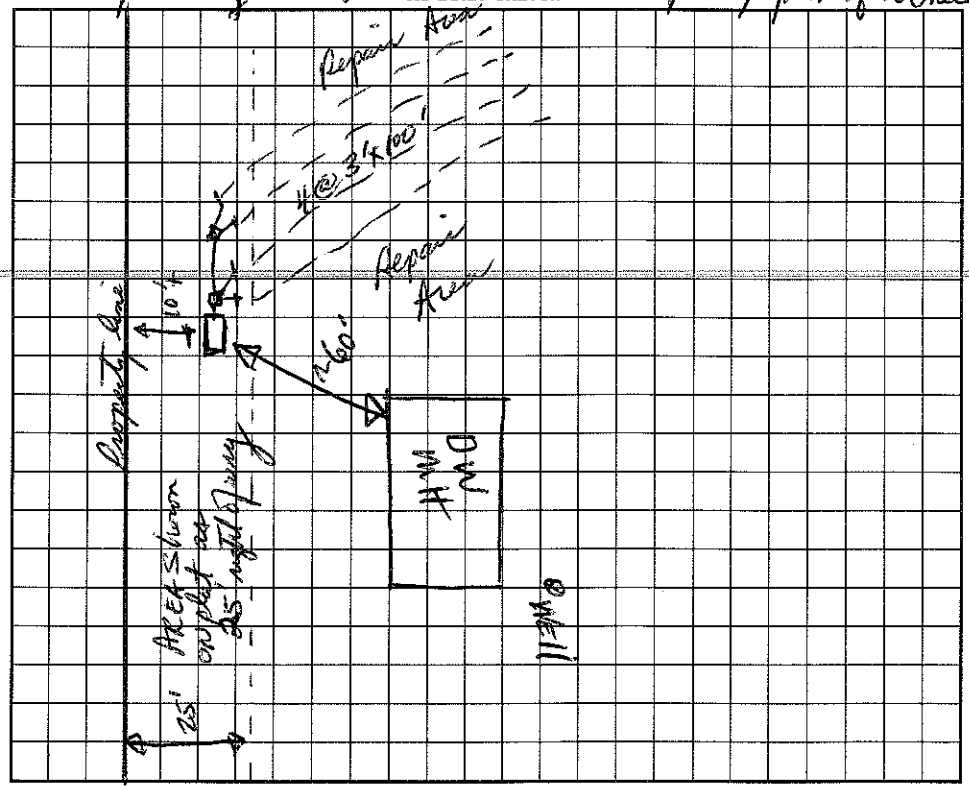
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: Mobile home set up differently than shown on I.P. System installed partly within area shown as 25' R/W. The owner is aware of this and due to the fact that it is family property (acreage) and will eventually all belong to Mr. Moore, he had signed a waiver of liability and agrees to move parts of system if ever necessary

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: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: Jennis Gallagher

Certificate of Completion by: _____, RS date 11/17/94

Operation Permit by: _____ date _____

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