IREDELL COUNTY HEALTH DEPARTMENT

Au[illegible] to Construct 4770403282

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

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

PROPERTY DESCRIPTION NO. 25700

OWNER OR CONTRACTOR Keith Carroll DATE 12/5/96 TAX MAP NO. Pt of 4H 2A 15+16

ADDRESS 195 French Lick Rd. Mt Ulla, NC. 28125 PHONE: Business ______ Home 664-1155 Watershed: ☐ Yes ☒ No

LOCATION Confederate Rd TR Past Cool Creek Ln. to corner lot on (R)

SUBDIVISION Twin Brook BLOCK / SECTION II LOT 17 LOT AREA .81 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 3/15/97

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND

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

System Description: ✱ CH PLASTIC

Repair System Description: 16" PPBS

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ______

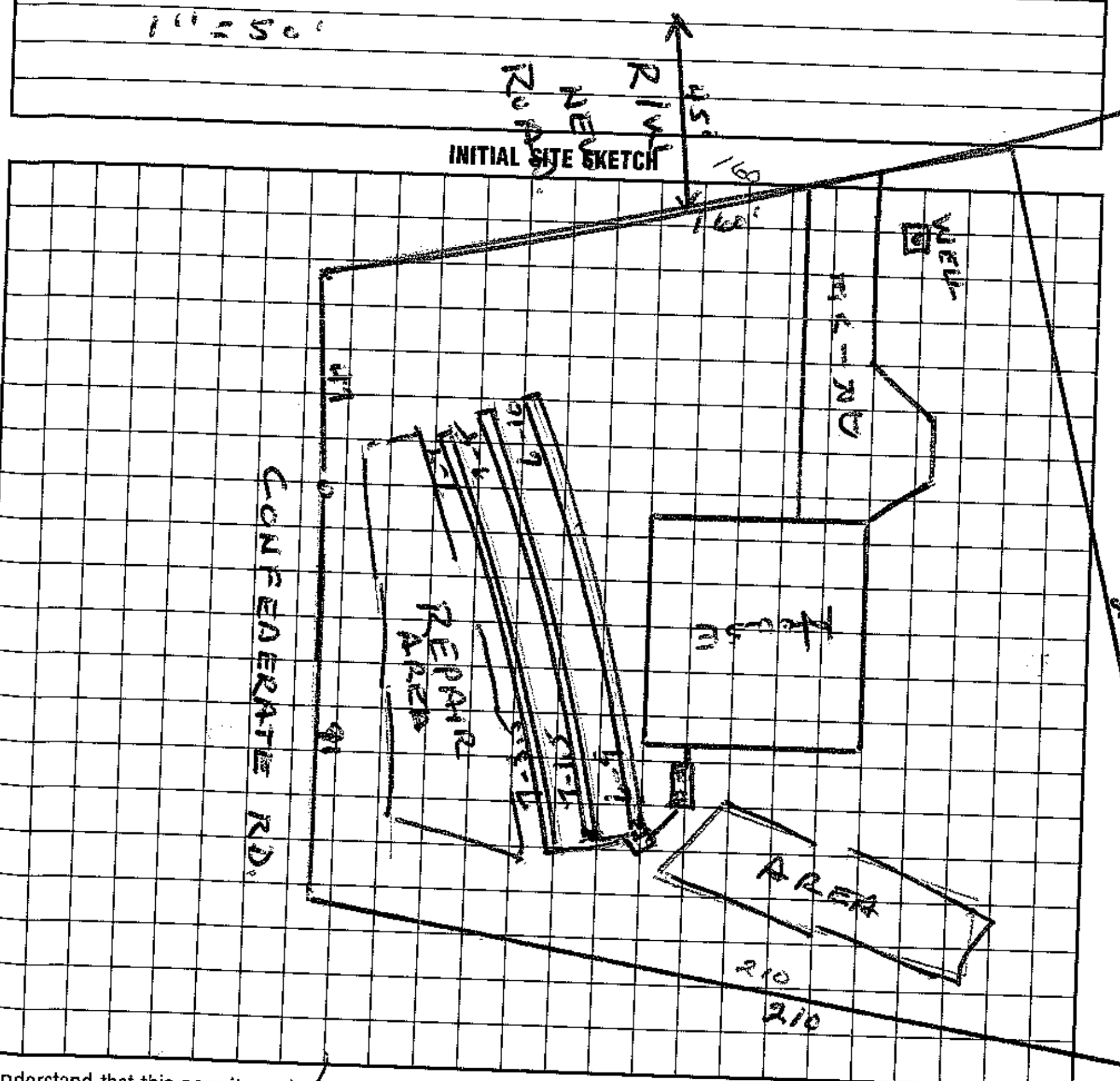
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments:
1" = 50'

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.

Signed: ✱ Keith Carroll

Improvement Permit by: Wesley Sparks RS. date 12/5/96

Existing System Inspection by: Wesley Sparks RS. date 12/5/96

Installed by: Benny Myers

Certificate of Completion by: Wesley Sparks RS. date 5/22/97

Operation Permit by: Wesley Sparks RS. date 5/22/97

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): [illegible]