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. 1745N DATE 11-17-93 TAX MAP NO. 5E-2-A-22 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Presley Neel Sr. PHONE: Business _____ Home 663-2925

ADDRESS RT 1 BOX 720-33 Mooresville

LOCATION 70E TR Triple~~oo~~ TL water moor 1/2 mi on rt

SUBDIVISION Willow Ridge BLOCK / SECTION I LOT 21/22 LOT AREA 1.63 acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 1794 Date 10-1-93
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 18"

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Conv. Gravity
Repair System Description: " "
Maintenance Agreement Required: ☐ Yes ☑ No

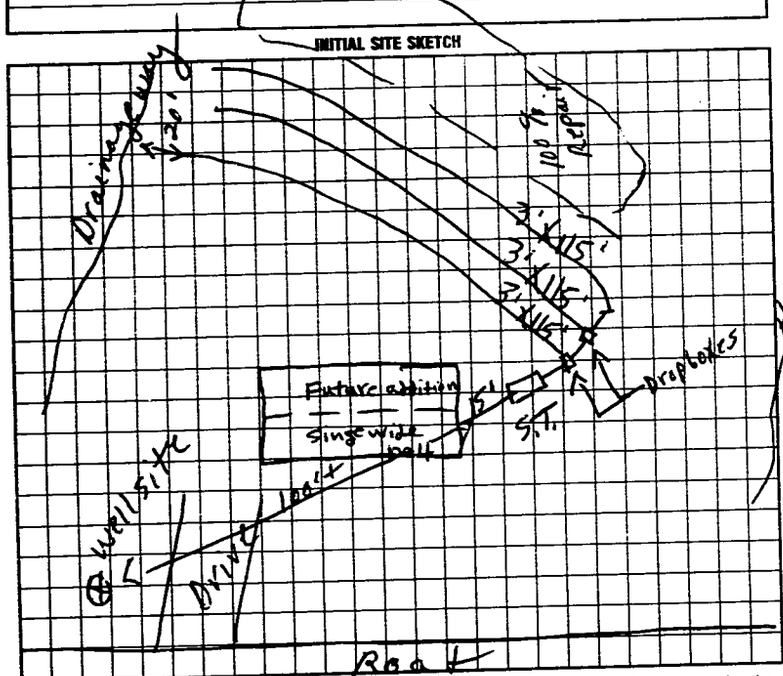
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

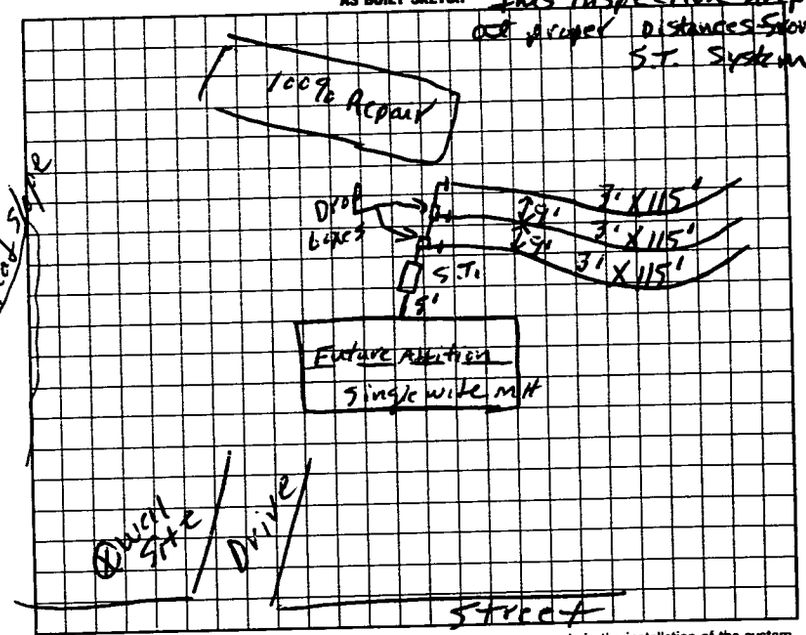
Comments:

Comments: landscape over & around S.T. system so that surface water will not stand over system. well & mobile home not located at time of this inspection keep at proper distances from S.T. system

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: [redacted] + Presley Neel Sr. Installed by: Dellinger S.T.

Improvement Permit by: P.C. moore date 11-17-93 Certificate of Completion by: P.C. moore date 12-2-93

Existing System Inspection by: _____ date _____ Operation Permit by: _____ date _____

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

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