IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5261

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

PROPERTY DESCRIPTION NO. 16864 DATE 8-25-93 TAX MAP NO. 5E-2-A-25

OWNER OR CONTRACTOR Gary marsh PHONE: Business Home 892-5054

ADDRESS Rt 11 Box 1338 Mooresville, N.C.

LOCATION Hwy 70E TR Triplett Rd Hmi TL water moss TR winding Arbor 1/2mi on rt

SUBDIVISION Willow Ridge BLOCK / SECTION 1 LOT 25 LOT AREA 3/4 acre SITE CLASS. P.S. L.T.A.R. 0.135

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 794 Date 8-4-93

Pump Tank: ____ Gallons; PT ____ Date ____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines 4 Trench Width 36 Trench Depth 18+12 Gravel Depth 12

☑ New System ☐ Repair System Type: I. II. 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 ____

Garbage Disposal: ☐ Yes ☐ No

Auto. Dishwasher: ☐ Yes ☐ No

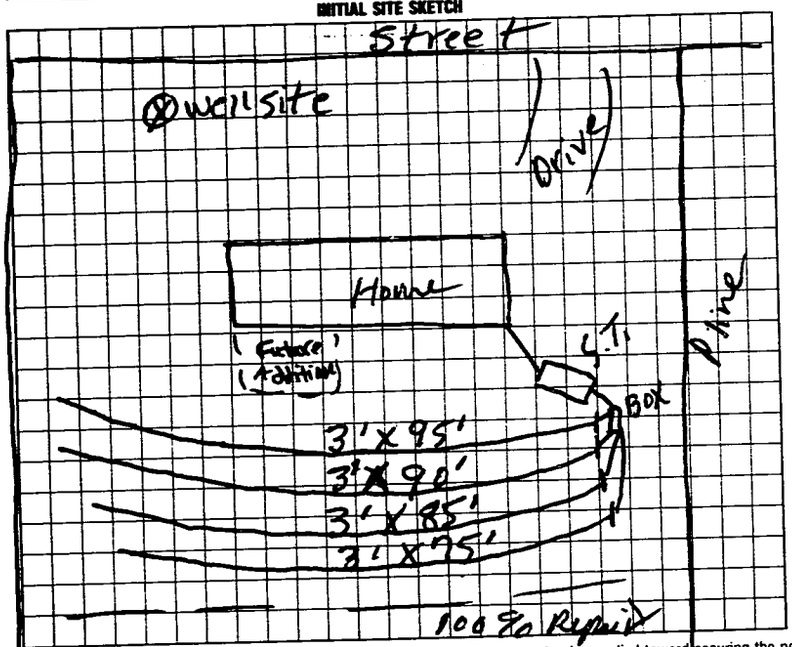
Auto. Washing Machine: ☐ Yes ☐ No

Other ____

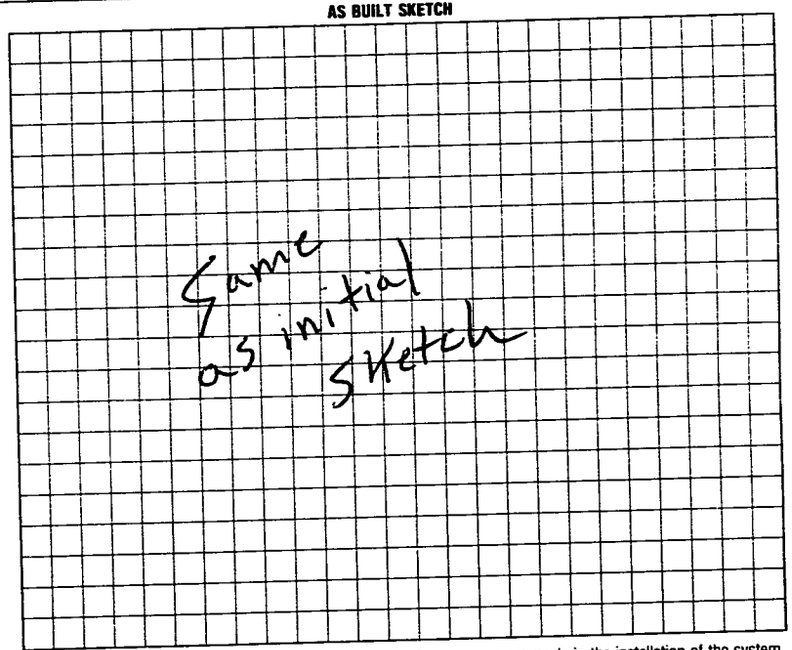
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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: x Gary A Marsh

Improvement Permit by: J. C. Moore date 8-25-93

Existing System Inspection by: ____ date ____

Installed by: Kenny Pellington

Certificate of Completion by: J. C. Moore date 9-15-93

Operation Permit by: ____ date ____

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