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. 19755 DATE 11-15-94 TAX MAP NO 5F-2-A-51 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Diana Carter PHONE: Business _____ Home 875 9233

ADDRESS 144 Brown Hill Ln Mooresville, N.C.

LOCATION 70E TR Triplett TL Wilder Moss TL Carmel West 1st on Rt

SUBDIVISION Willow Bay BLOCK / SECTION _____ LOT 51 LOT AREA 1.23 acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB MULLS Date 11/8/94

Pump Tank: _____ Gallons; PT (Morgenton) 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 12"

☑ 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 _____

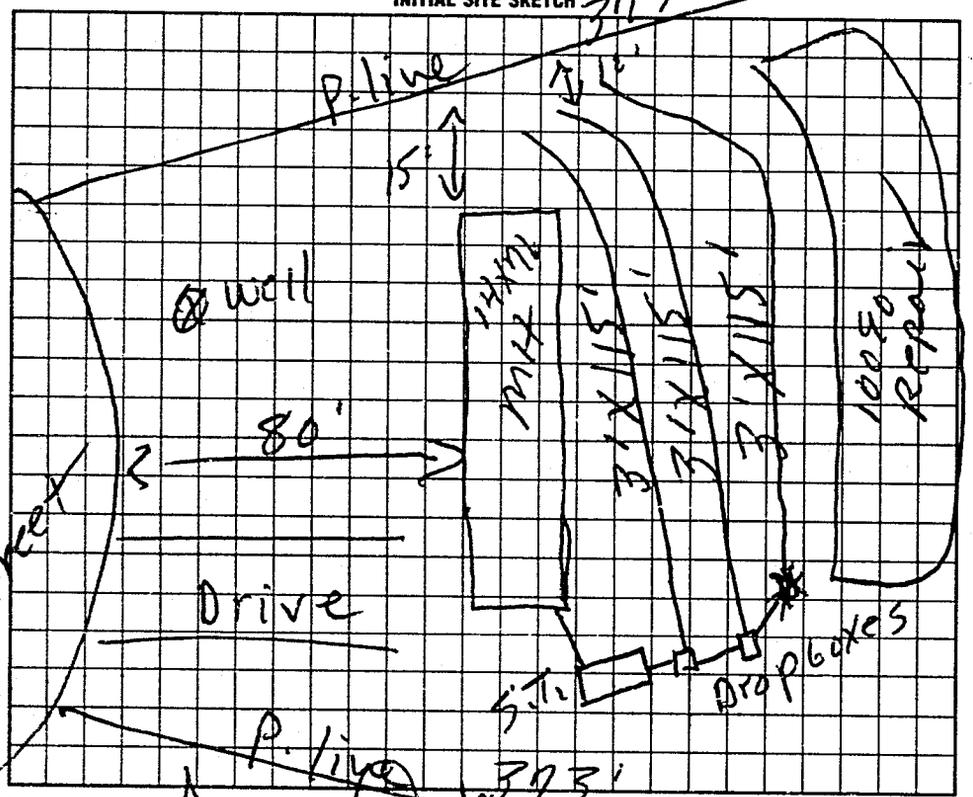
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

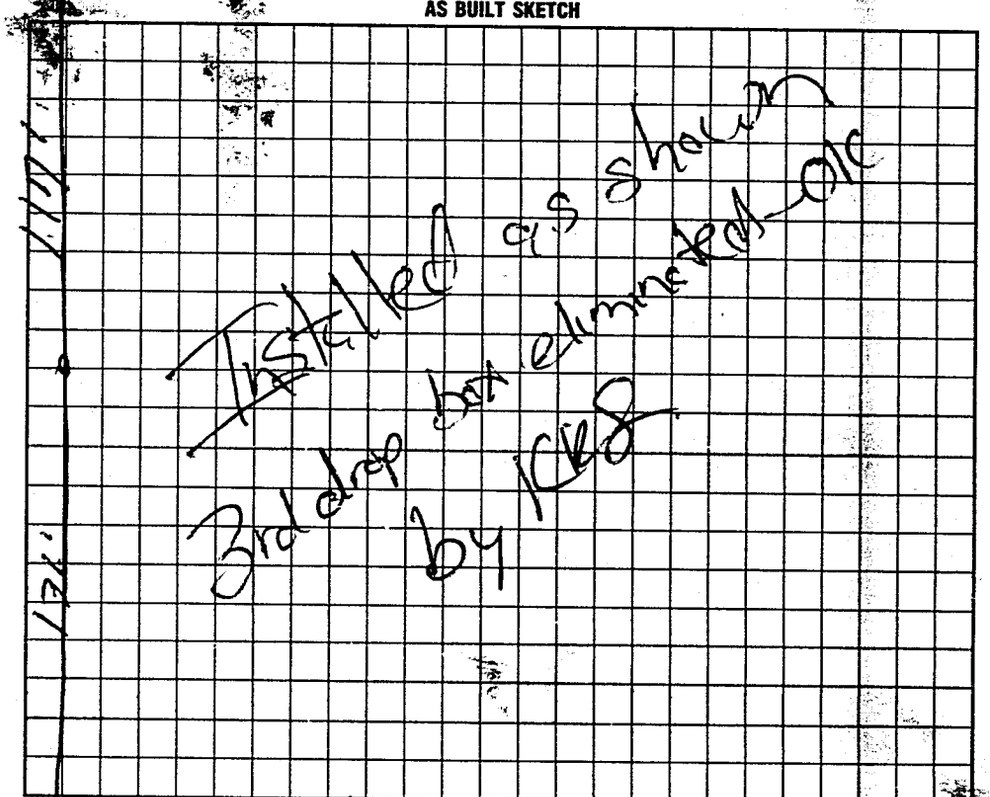
Comments:

Comments:

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 Jerry Carter

Improvement Permit by: L. H. Moore date 11-15-94

Existing System Inspection by: _____ date _____

Installed by: Gary Miller (Master Cert)

Certificate of Completion by: Keith Beach date 12/2/94

Operation Permit by: _____ date _____

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