# 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. 19734 76699 DATE 9-9-94 TAX MAP NO. 116-1-A-2 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Richard Morefield PHONE: Business _____ Home 517-624-9428

ADDRESS 11645 Gerard Birch Run MI 48405

LOCATION Hwy 642 To Fish Creek Rd 500' on rt

SUBDIVISION Blueberry Hills BLOCK / SECTION _____ LOT 2 LOT AREA 2.31 SITE CLASS P5 DESIGN FLOW 480 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 1012 Date 4-7-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1380 Linear Feet 460
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

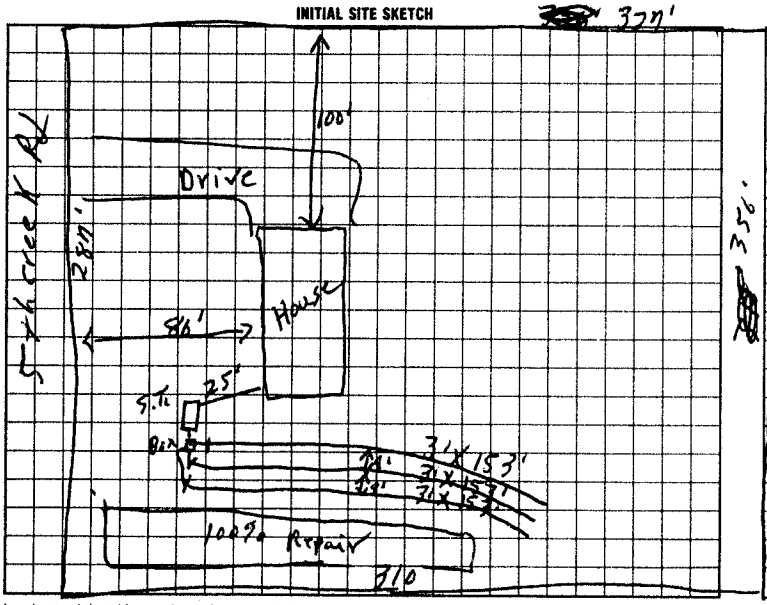
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3½
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Community
☑ Public

Comments:

Comments:

**INITIAL SITE SKETCH**




**AS BUILT SKETCH**

Same as Initial 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 Patrick H Murphy

Improvement Permit by: R.C. Moore date 9-9-94

Existing System Inspection by: _____ date _____

Installed by: Andy Daniels

Certificate of Completion by: _____ date _____

Operation Permit by: R.C. Moore date 5-25-99

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