6425T

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. 2547I DATE 11-15-96 TAX MAP NO. 12N-A-24 (PART OF) Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR JOHN E. MOORE PHONE: Business _____ Home 876-1745

ADDRESS P.O. Box 4, 1131 OLIN ROAD OLIN, NC 28660

LOCATION US 21N TL TOMLIN, TL HICKORY GROVE, TL DRIVEWAY JUST BEFORE BUCKHEAD ROAD

SUBDIVISION WELCH ACRES BLOCK / SECTION _____ LOT 2 LOT AREA 0.835± ACRE SITE CLASS. P15 DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 8-24-96
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☒ No

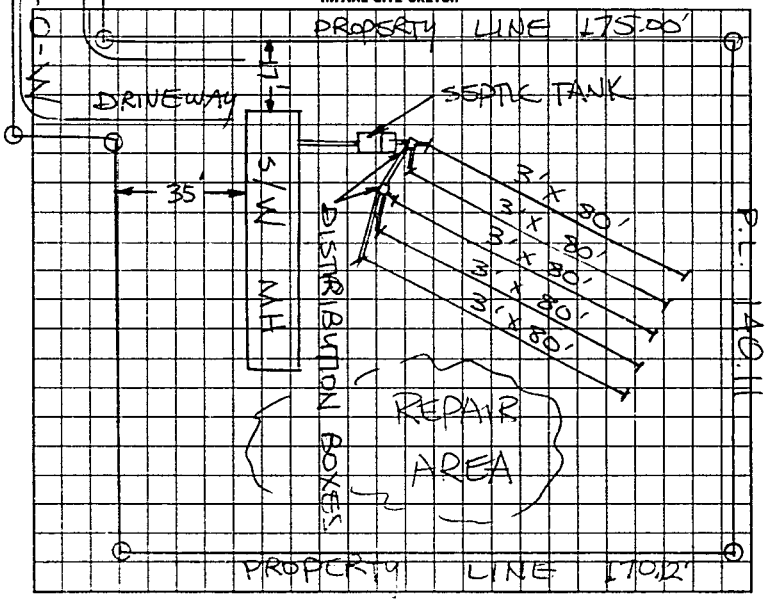
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply:
☐ Individual
☐ Community
☒ Public

Comments: INSTALL FIVE EQUAL LENGTH LINES AS SHOWN ON CONTOUR

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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.

Auth. to Const. is valid for a period equal to the validity of the IP not to exceed five years. IP w/site plan is valid five years.

Signed: John Moore

Installed by: KENNY MADISON

Authorization to Construct Improvement Permit by STEVE HEDRICK date 11-15-96

XXXXXXXXXXXXXXXXXX by STEVE HEDRICK date 11-15-96

Certificate of Completion by: _____ date _____

Operation Permit by STEVE HEDRICK date 11-25-96

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

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