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. 25746 DATE 1-6-97 TAX MAP NO. 17-A-H-14 Watershed ☐ Yes ☑ No

OWNER OR CONTRACTOR JOE DILLARD PHONE: Business Home (704) 284-6189

ADDRESS P.O. BOX 1311, MOCKSVILLE, NC 27028

LOCATION US 21 N, TR NC 901, TL SHEFFIELD ROAD, 1ST LOT ON RIGHT PAST TYSON GREASE PLANT

SUBDIVISION COFORTA EST. BLOCK / SECTION LOT 1 LOT AREA ~12 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3 GPD/FT²

Septic Tank: 1000 Gallons; STB 760 Date 1-597

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 460

No Lines FOUR 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 ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

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

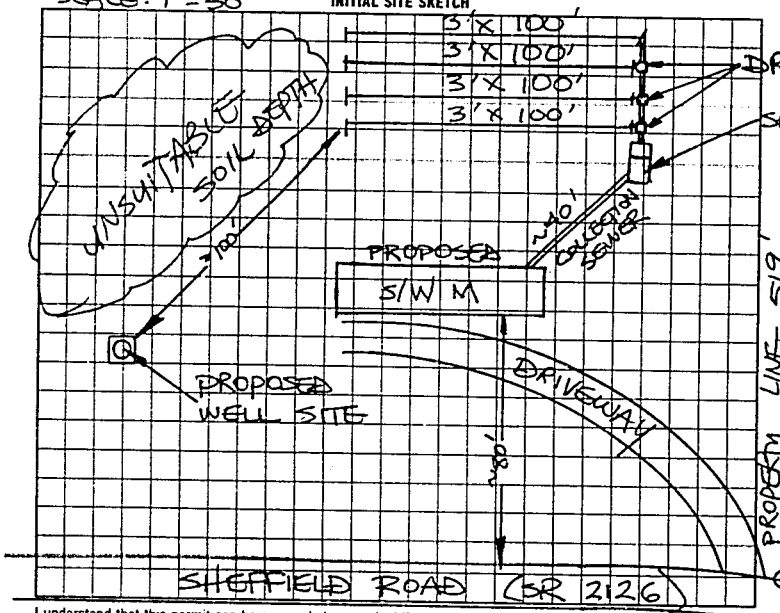
Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Comments: ① KEEP SYSTEM MINIMUM 100' FROM WELL ② INSTALL LINES ON CONTOUR, NO DEEPER THAN 36" 9' MINIMUM APART ON CENTERS. ③ REPAIR AREA IS DOWNSLOPE FROM INITIAL SYSTEM

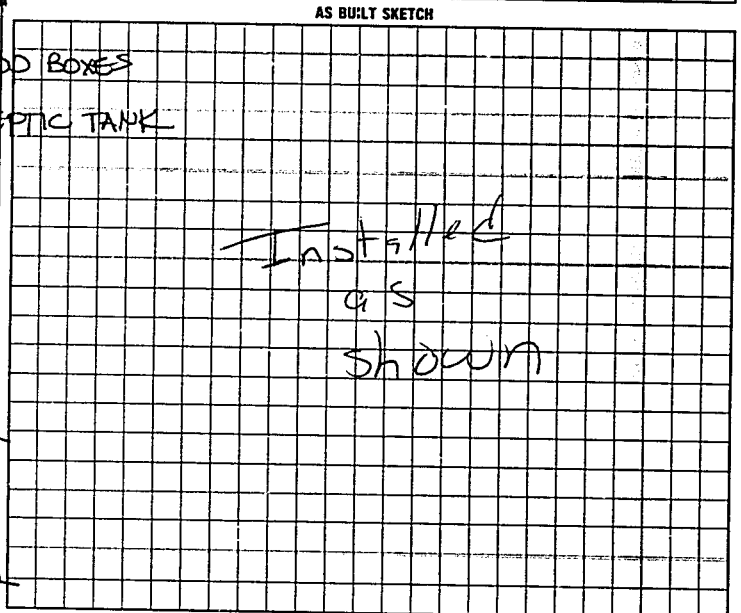
Comments:

SCALE: 1" = 50'

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. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS

Signed: Joe Dillard

Improvement Permit by: STEVE HEDRICK date 1-6-97

ANTI-TO CONST.

~~Existing System Inspection~~ by: STEVE HEDRICK date 1-6-97

Installed by: Donald Lakey

~~Certificate of Completion by:~~

Operation Permit by: Mark C Ost RS date 1-7-97

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

LS1000