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. 24524 DATE 8-22-96 TAX MAP NO. 17B-3-A-4 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR BILLY GRAY TAYLOR PHONE: Business Home (910) 940-5367

ADDRESS 194 AUBREY MERREL ROAD, MOCKSVILLE, NC 27028

LOCATION US 21 N, TR NC901, TL SHEFFIELD RD, TL ROCK SPRINGS RD, 2ND LOT ON RIGHT

SUBDIVISION SHEFFIELD ACRES BLOCK / SECTION ____ LOT 4 LOT AREA AMPLE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons; STB 760 Date 10/27/96
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345
No Lines 4 Trench Width 36" Max Trench Bottom Depth 18-36" 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

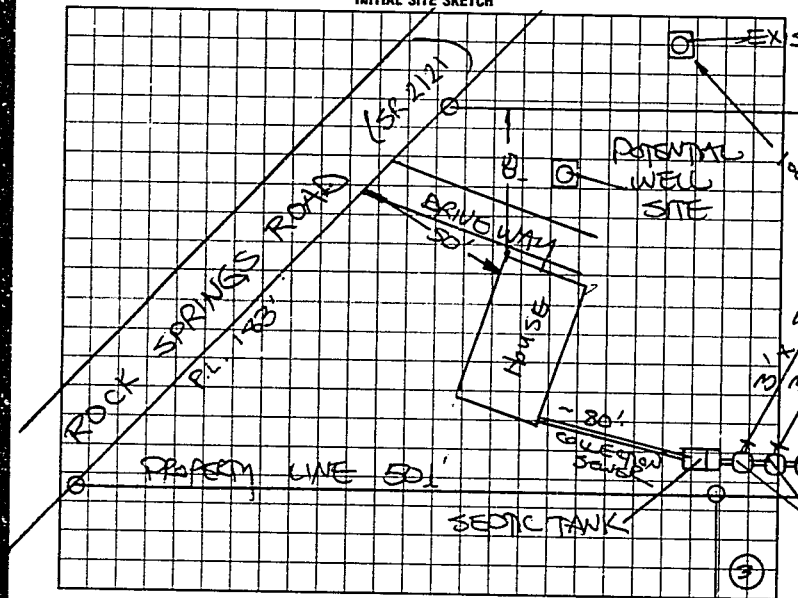
☒ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public WELL

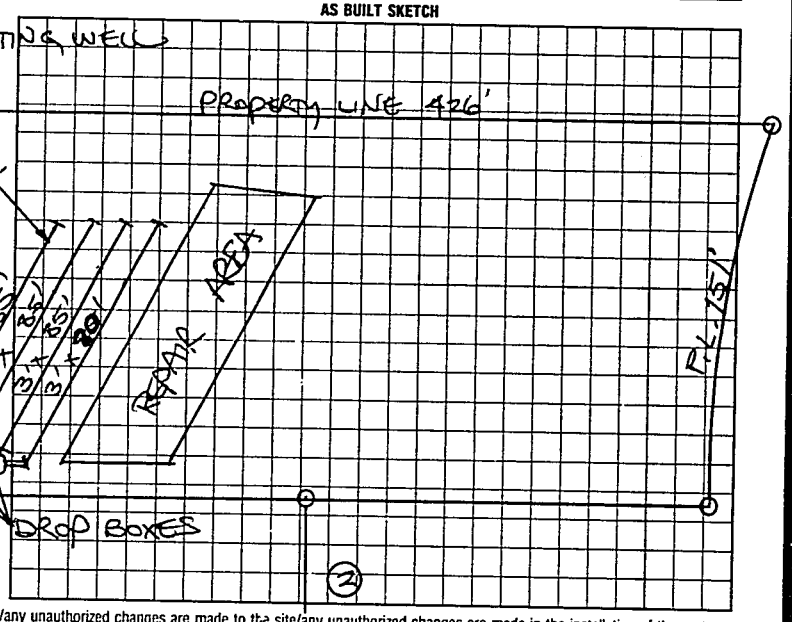
Comments: ① KEEP SYSTEM MINIMUM 100' FROM ANY WELL
② INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' MINIMUM APART ON CENTERS.

Comments: SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH

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.

Signed: BILLY GRAY TAYLOR

AUTH-TO CONST. SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE I.P. NOT TO EXCEED FIVE YEARS. IMPROVEMENT PERMIT WITH SITE PLAN IS VALID FOR FIVE YEARS.

Improvement Permit by: STEVE HEDRICK date 8-22-96 Installed by: RANDY MILLER (DAVIE CO.)

AUTH. TO CONST. Existing System Inspection by STEVE HEDRICK date 8-22-96 Certificate of Completion by: ____ date ____

Operation Permit by: STEVE HEDRICK date 12-23-96

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

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