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. 21368 DATE 6/14/95 TAX MAP NO. 175 1-A-45 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR DOUGLAS GREER PHONE: Business Home (910) 940-5514

ADDRESS 801 HOWELL ROAD, MOCKSVILLE NC 27028

LOCATION US 21 N, TR NC 901, TL SHEFFIELD ROAD, TL ROCK SPRINGS ROAD, 0.5 MILE ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 5.8 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons; STB 760 Date 6-18-95

Pump Tank: _____ Gallons; PT _____ 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 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 ☑ Mobile Home ☐ Business ☐ Other FUTURE HOUSE

No. Bedrooms 2 No. Bathrooms 2 No. Employees ___

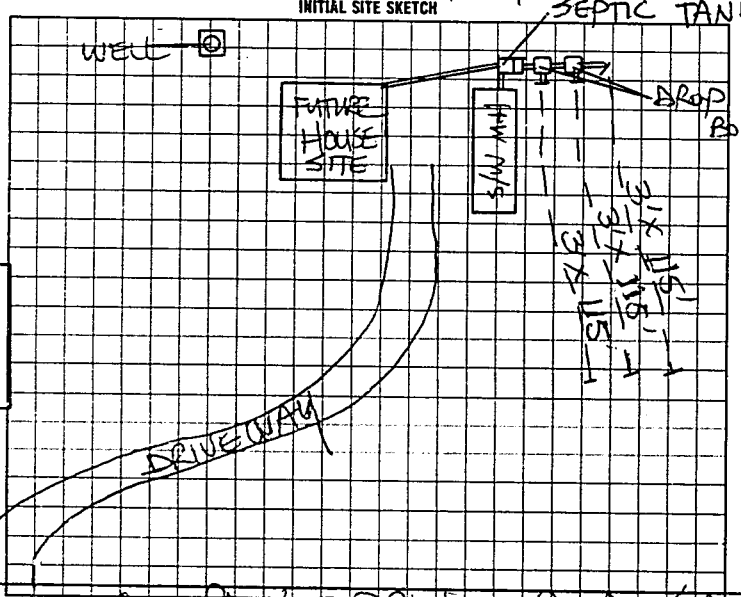
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Comments: ① KEEP SYSTEM MINIMUM 5' FROM MH, MAX. FEASIBLE FROM WELL NOT LESS THAN 50' ② INSTALL LINES ON CONTOUR NO DEEPER THAN 36' 9' MIN. ON CENTER. ③ MH TO BE REMOVED UPON OCCUPANCY OF FUTURE HOUSE

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: X _____

Improvement Permit by: STEVE HEDRICK date 6/14/95

Existing System Inspection by _____ date _____

Installed by: DONALD LAKEY

Certificate of Completion by: STEVE HEDRICK date 8-10-95

Operation Permit by _____ date _____

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

21000