# IREDELL COUNTY HEALTH DEPARTMENT — Authorization to Construct

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

## IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 19005 DATE 10/8/96 TAX MAP NO. pt of 2CA3 Watershed: X Yes ☐ No

OWNER OR CONTRACTOR MI HOMES PHONE: Business 872-6514 ~~Home~~ 4625-49-9438

ADDRESS 1043 E Morehead St. #165 Chas NC.

LOCATION Sunrise Circle - Brown Sch TR Big Hudson TR Sunrise Cir lot on (R)

SUBDIVISION HARBOUR BLOCK / SECTION 1 LOT 44 LOT AREA ~ 24,000 FT² SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 9/5/96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet ~~X~~ 300

No Lines 3 Trench Width 36 Max Trench Bottom Depth 36" Gravel Depth SAND

X New System ☐ Repair System Type: I, II, (III) IV, V, VI

System Description: X Ch. PLASTIC

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other _____

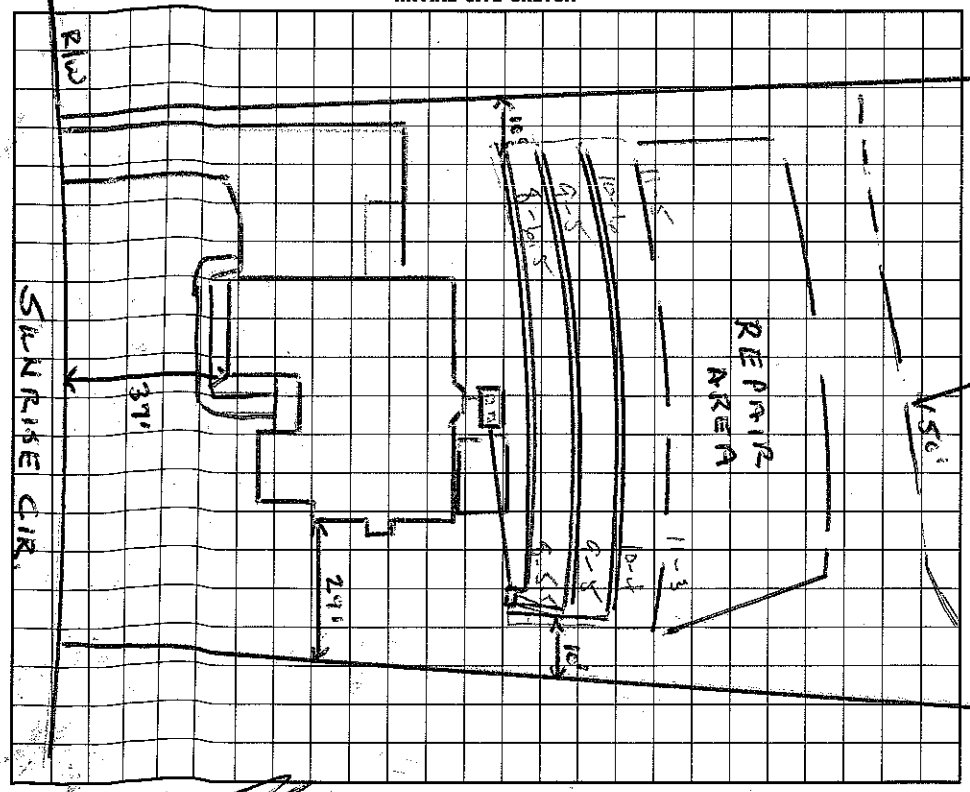
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Community
☐ Public

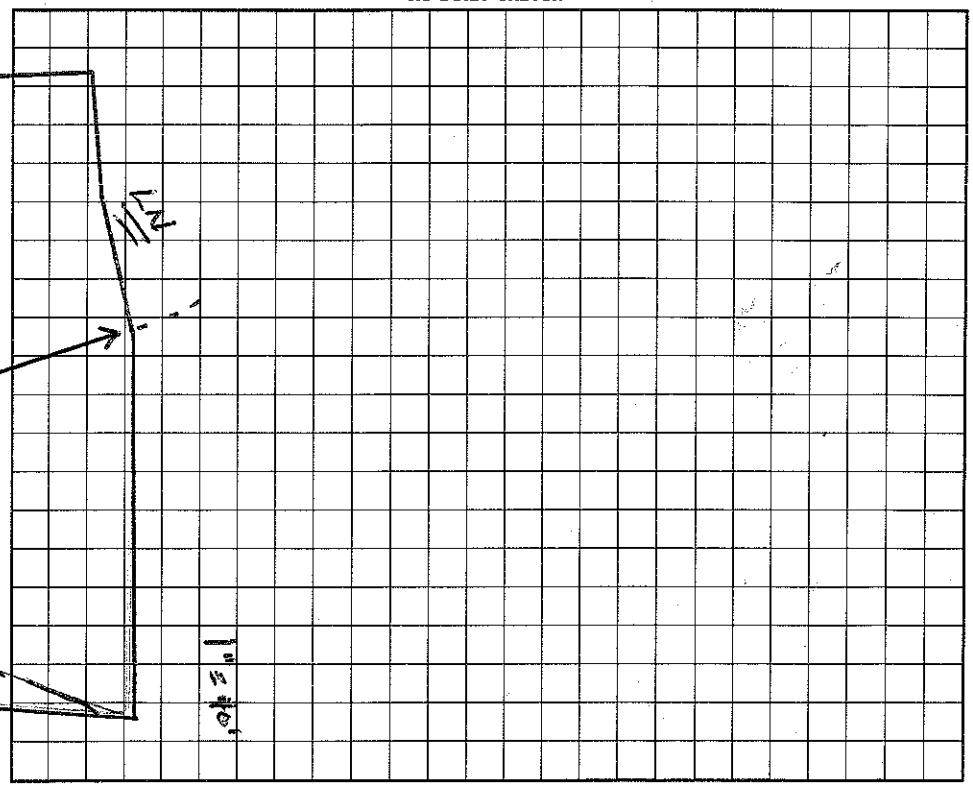
Comments:

Comments:

**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: X

Improvement Permit by: Wesley Sparks R.S. date 10/8/96

Existing System Inspection by: Authorized Agent Wesley Sparks R.S. date 10/8/96

Installed by: MS Head Const

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks R.S. date 10/21/96

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