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. 23494 DATE 4/15/96 TAX MAP NO. 2F-3-3-31 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR ~~Suzanne Bomze~~ DAVID SMITH PHONE: Business 4626-05-3804 Home 528-4098

ADDRESS 153 Pt of View Dr Mooresville NC 28115

LOCATION Beside #80 Newport C

SUBDIVISION Pine Knoll Pt BLOCK / SECTION ____ LOT 31 LOT AREA .78ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 744 Date 8/26/97

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity Conventional

Repair System Description: Gravity Panel

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

☐ Other ____

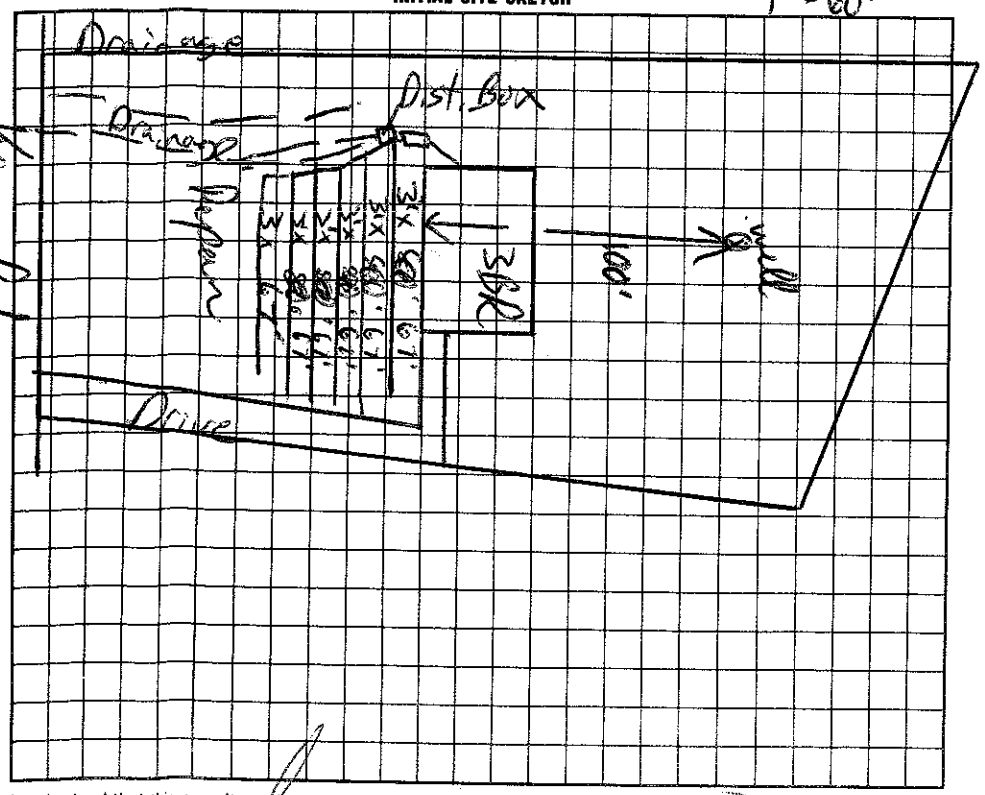
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments:

INITIAL SITE SKETCH 1"=60'



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: Suzanne Bomze

Improvement Permit by: [signature] EHS date 4/15/96

Existing System Inspection by: [signature] EHS date 4/15/96

Installed by: ORBISON

Certificate of Completion by: ____ date ____

Operation Permit by: [signature] date 11/18/97

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

Authorization to Construct is valid for 60 months from issue date