4626067888

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. 24839 DATE 8/30/96 TAX MAP NO. 2E 3A 175 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Twila Long PHONE: Business _____ Home 662-8246

ADDRESS 745 Kemp Rd. Mooresville, NC. 28115

LOCATION McKendree TL 2nd Kemp Rd TR to #745 on L

SUBDIVISION CL+T BLOCK / SECTION 8 LOT 175 LOT AREA .755 SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; AT Existing Septem Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing Bed

Repair System Description: _____

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

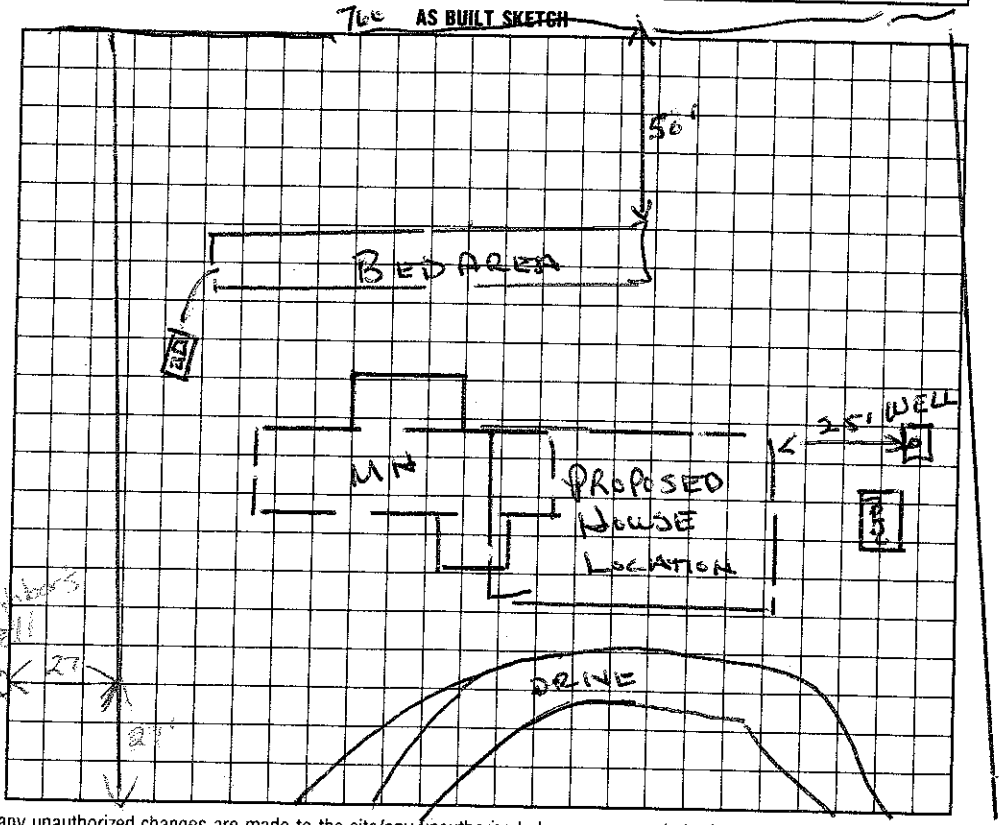
Water Supply: ☒ Individual ☐ Community ☐ Public

Comments:

Comments: Repair area above driveway and before Kemp Rd. LH No evidence of malfunction.

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: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: _____

Certificate of Completion by: Wesley Sparks R.S. date 8/30/96

Operation Permit by: _____ date _____

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