IREDELL COUNTY HEALTH DEPARTMENT

4627102242

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

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

PROPERTY DESCRIPTION NO. 69350 DATE Sept 16 '94 TAX MAP NO. 2L3A272

OWNER OR CONTRACTOR Pete Bradshaw PHONE: Business _____ Home _____ Watershed: ☑ Yes ☐ No LN

ADDRESS 488 Lakeview Shores Loop Mooresville

LOCATION 1100 TR 145 TR 1st Lakeview Dr TR Abbot TR Lakeview 2nd lot on left

SUBDIVISION Crescent/LN BLOCK / SECTION 5 LOT 272 LOT AREA EXISTING SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

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

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

System Description: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

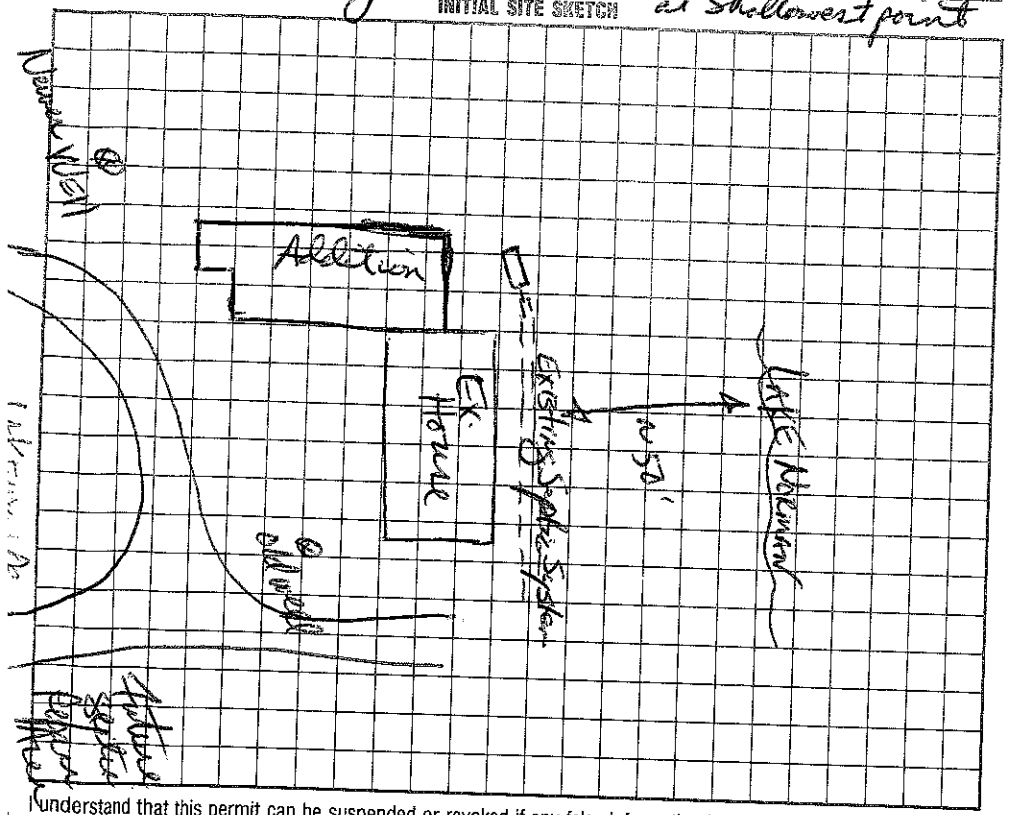
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

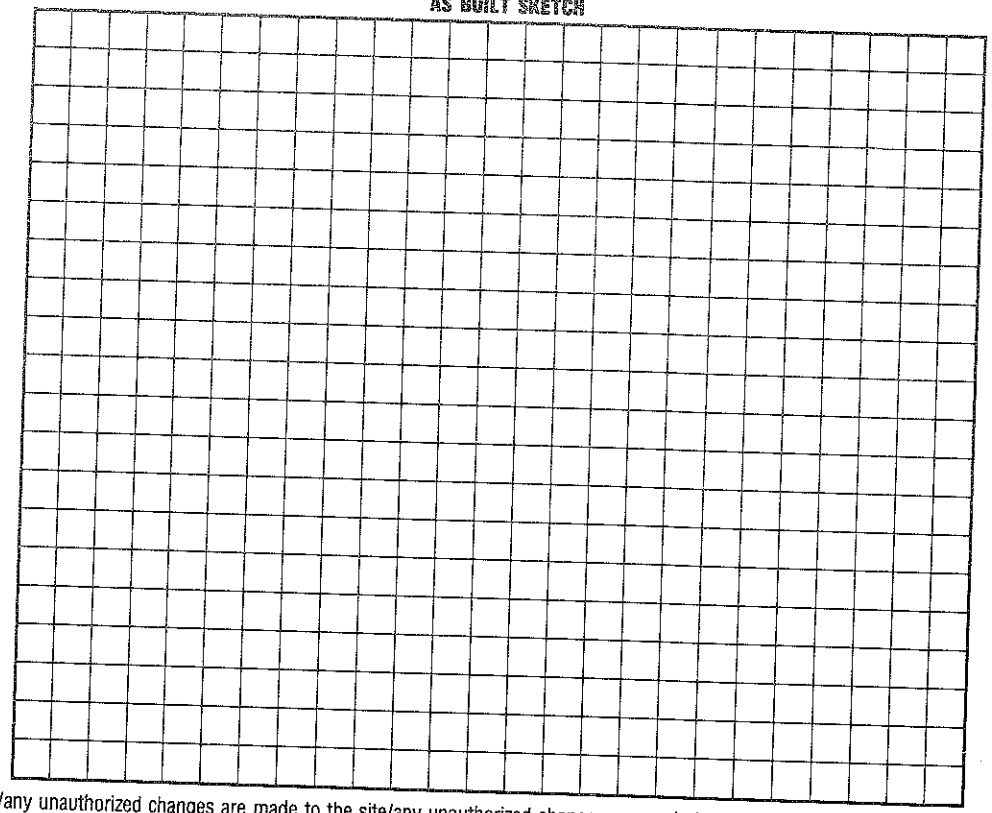
Comments: Addition to existing house, but no increase in total bedrooms (3); No sign of system malfunction. Appears to be 5' wide field, could only locate one 2' spot; 2' cover at shallowest point

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

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: Steve R Hinson, RS date 9/16/94

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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