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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. 24511 DATE 8/15/96 TAX MAP NO. 2N 3A 291 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Jack Campbell PHONE: Business _____ Home 663-0292

ADDRESS 147 Cloverhill Rd. Mooresville, NC. 28115

LOCATION Cloverhill Rd - 150 W TR Weddell Rd. TR Cloverhill Rd. to end of road

SUBDIVISION C L + T BLOCK / SECTION 11 LOT 291 LOT AREA Empty SITE CLASS. 1 DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: _____ Gallons; STB 1 Date _____
Pump Tank: _____ Gallons; ~~Apt~~ Empty System 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: Empty System
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☒ No

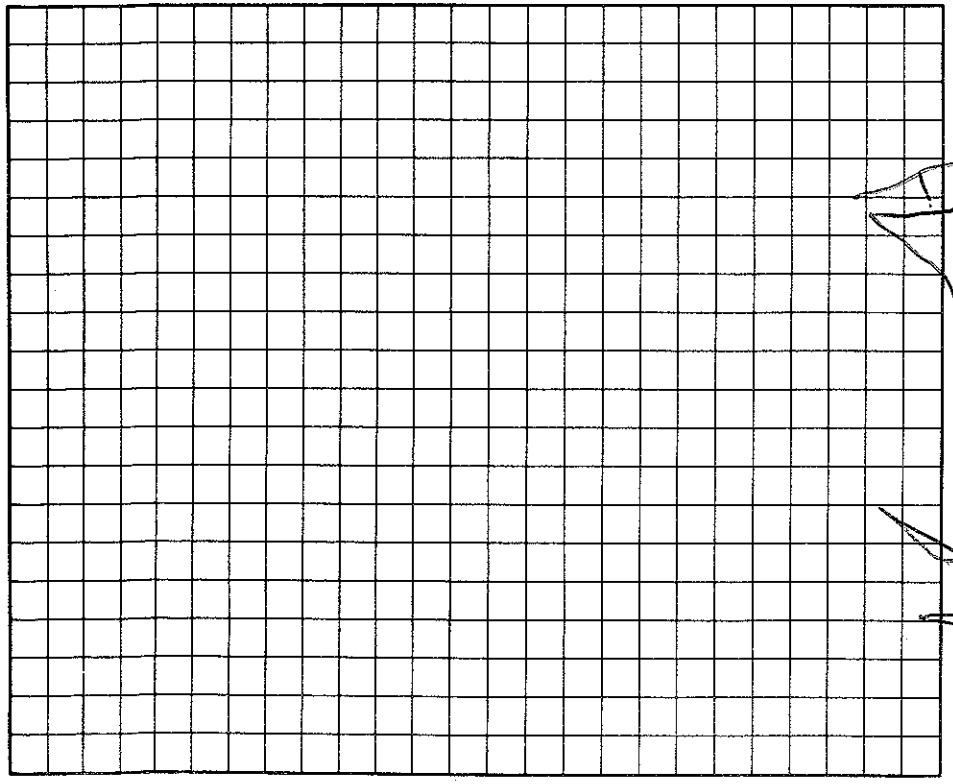
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Community
☐ Public

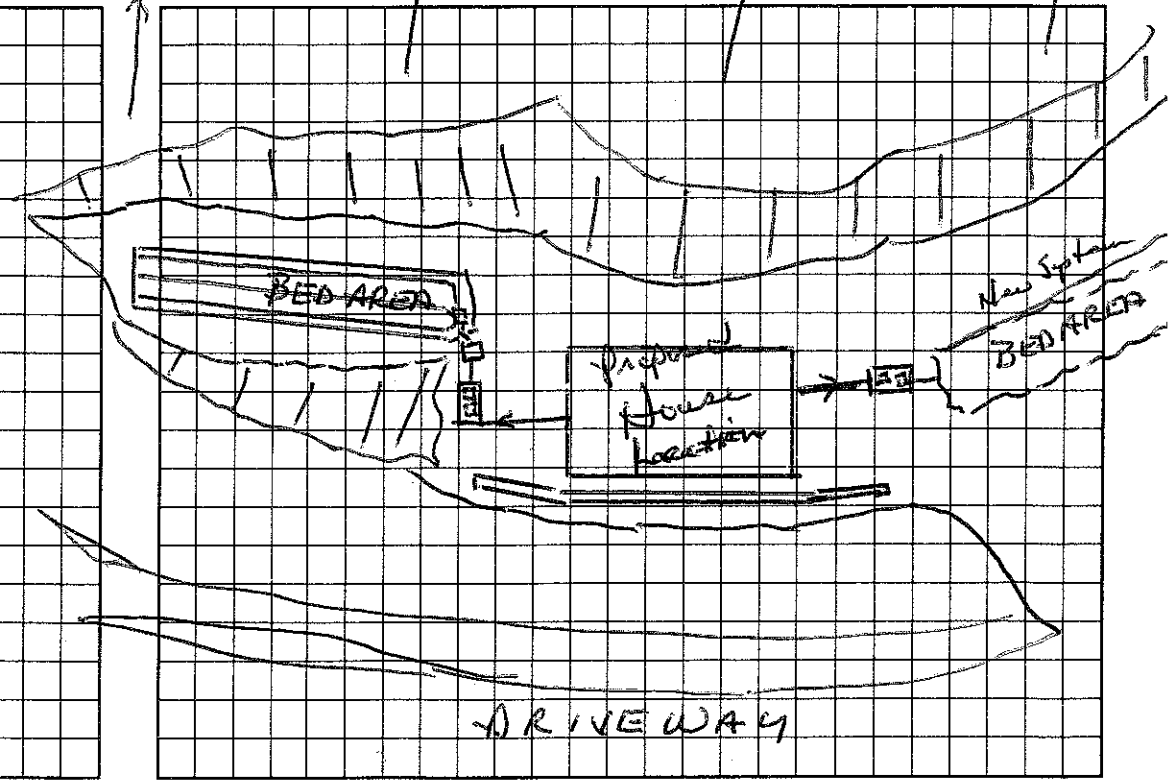
Comments:

Comments: No EVIDENCE

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: Empty System : Wesley Sparks Rs. date 8/15/96

Operation Permit by: _____ date _____

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