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. 21881 DATE 2/14/97 TAX MAP NO. 2N 6 A 8 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Bob Williams PHONE: Business 4628 869693 Home 664-4464

ADDRESS Elysian Dr. Mooresville, NC 28115

LOCATION Perth (N), T: Fern Hill to end straight on Pt of View - on (L) just before cul de sac

SUBDIVISION Pt of View BLOCK / SECTION ____ LOT 8 LOT AREA .84 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 7/8/97

Pump Tank: 1000 Gallons; PT 47 Date 8/12/97

Pump Make: Hydromatic Model SHEF50AI Serial No. ____

Nitrification Field: No Fields 1 Square Feet *540 Linear Feet *270

No Lines 4 Trench Width 24" Max Trench Bottom Depth 32" Gravel Depth SAND

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

System Description: *Press Man - 16" PPBS

Repair System Description: LPP ~~PPBS~~ ~~Same~~

Maintenance Agreement Required: ☐ Yes ☒ No

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

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

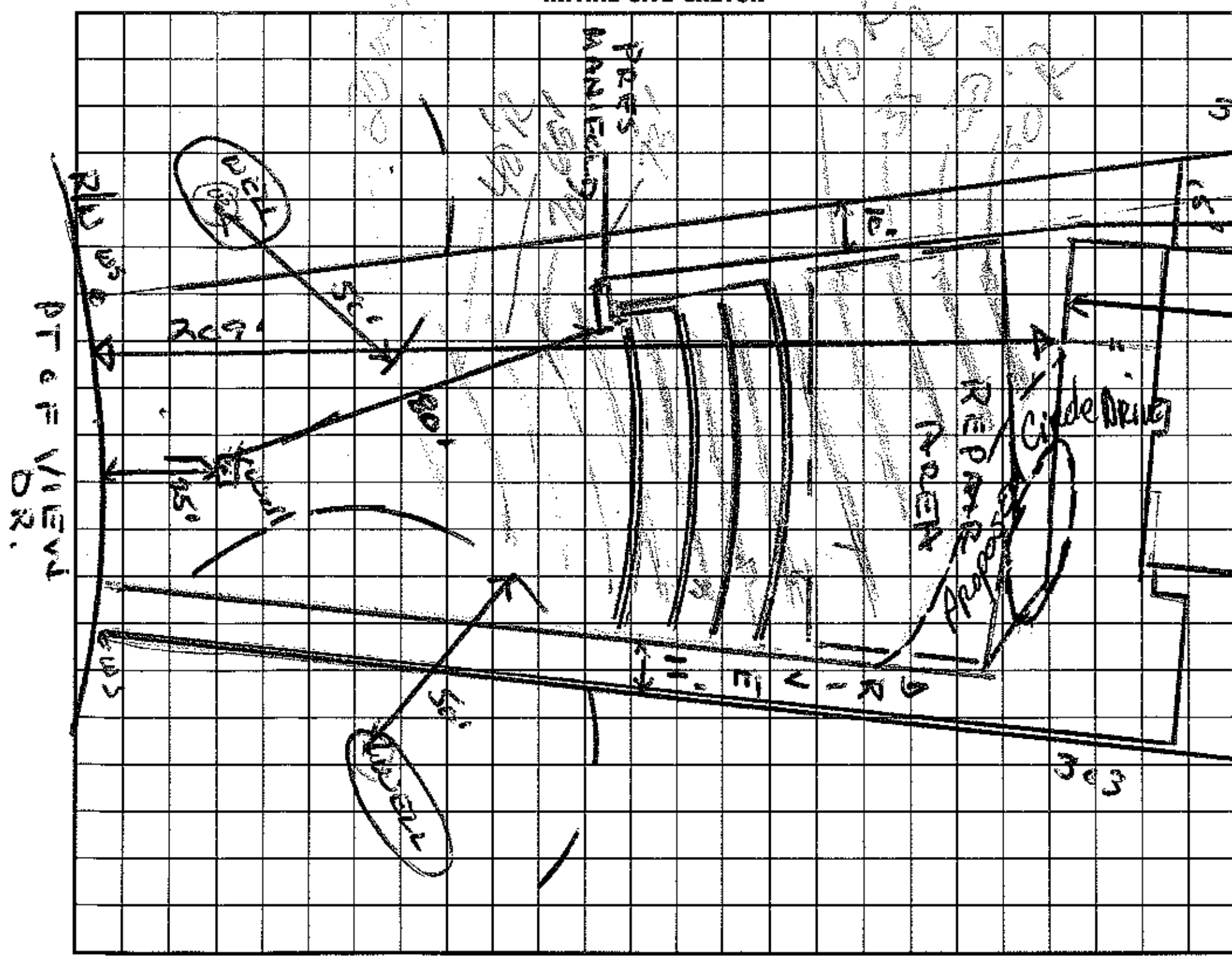
No. Bedrooms 4 No. Bathrooms 2 No. Employees ____

Water Supply: ☒ Individual ☐ Community ☐ Public

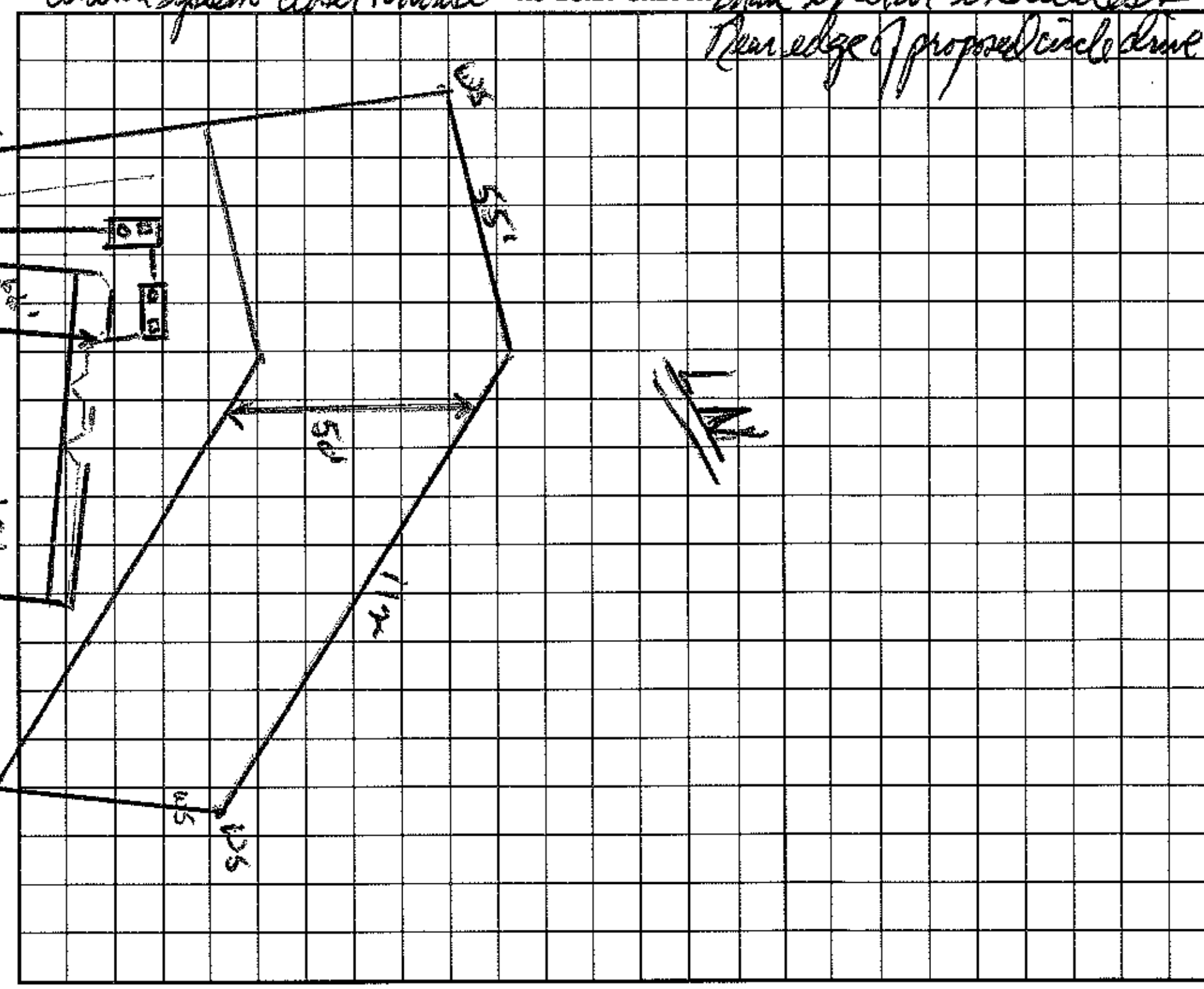
Comments:

Comments: 10/28/97 Alarm & elect box checked – Repair Above initial system measured – 4 lines, 249' total. Below initial – 4 lines, 135' total OK. Initial system closer to house than sketch indicates – Rear edge of proposed circle drive.

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: * [signature]

Improvement Permit by: Wesley Sparks R.S. date 2/14/97

Auth. to Const. ~~Existing System Inspection~~ by: Wesley Sparks R.S. date 2/14/97

Installed by: Curt Dunning

Certificate of Completion by: ____ date ____

Operation Permit by: D. Hansen, RS date 10-28-97

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