(9:30-10:00)

IREDELL COUNTY HEALTH DEPARTMENT Const. Hlth. STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PROPERTY DESCRIPTION NO. _____ DATE March 5, '97 TAX MAP NO. _____ Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR William F. Armstrong PHONE: Business _____ Home 663-0926

ADDRESS 315 Hermance Road Mooresville 462893 4450

LOCATION 150 W TR Waddell TR Hermance at end

SUBDIVISION Crescent BLOCK / SECTION 11 LOT 250 LOT AREA ~3/4 Ac Ex. SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: 1 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 930 Linear Feet 310

No Lines As Needed Trench Width 6' Max Trench Bottom Depth As Needed Gravel Depth N/A

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

System Description: _____

Repair System Description: plas. Chambered bed

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

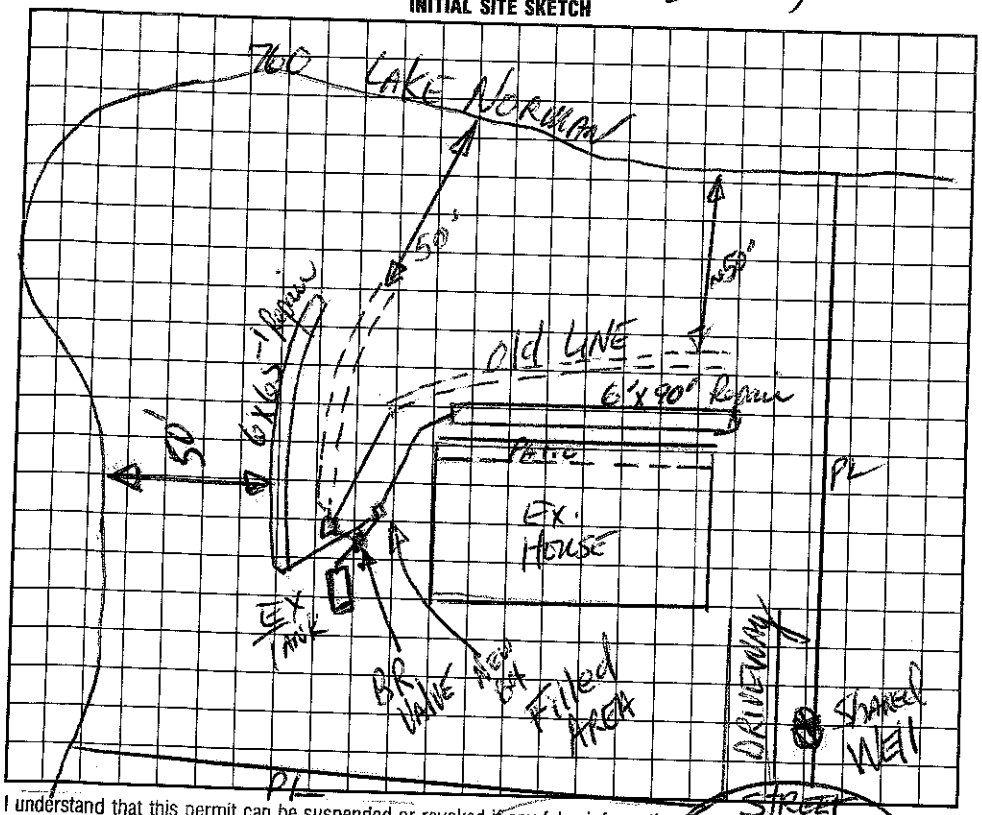
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

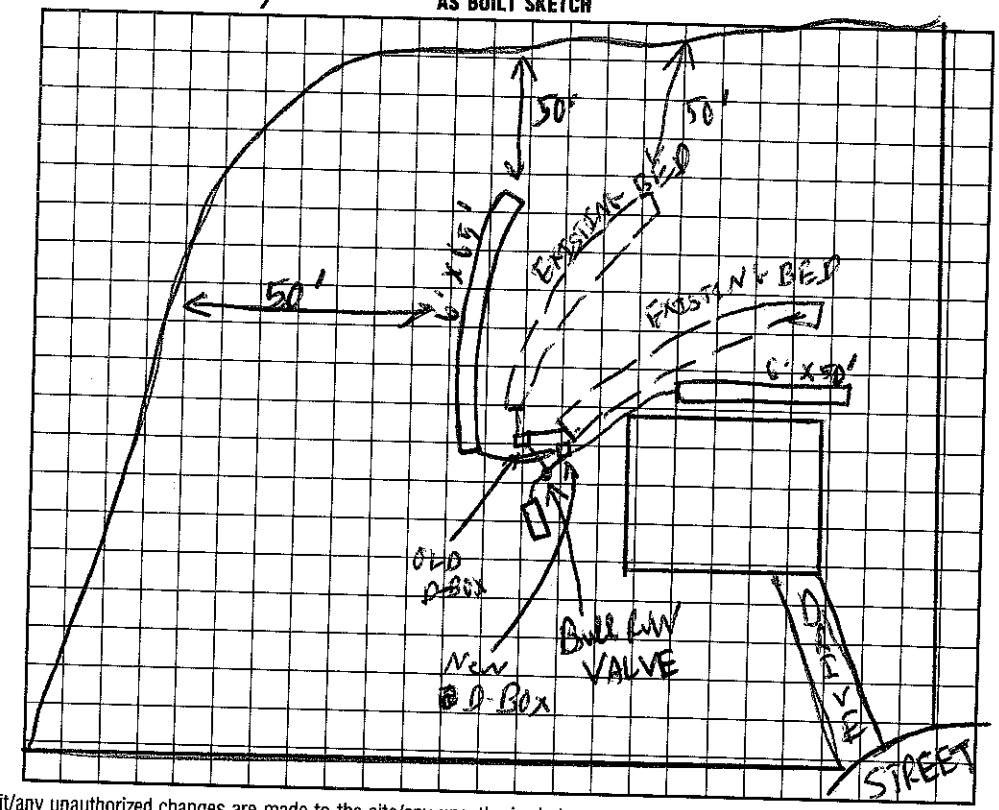
Comments: VERY POOR Soil ON this Existing Site. This Repair uses remainder of Available space. Any further future Sewage problem will require Application to DEHNR - Mooresville Regional office for discharge permit / treatment system.

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: _____ RS date 3/5/97

~~Existing System Inspection~~ by: _____ RS date 3/5/97

Installed by: LARRY BEAM

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 3/13/97

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