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. 19982 DATE 1/5/95 TAX MAP NO. 2G-6-A-167 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Mark Pope Builders (Tim Check) PHONE: Business _____ Home 663-1259

ADDRESS 266 Commodore Loop Mooresville, NC. 28115

LOCATION Statts Rd. Tr 2nd Commodore Loop to 12th house on (L)

SUBDIVISION Commodore Pom. BLOCK / SECTION _____ LOT 167 LOT AREA 20,000 FT² SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 625 Linear Feet 247

No Lines 3 Trench Width 8' Max Trench Bottom Depth Existing Gravel Depth _____"

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

System Description: Expanding System

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

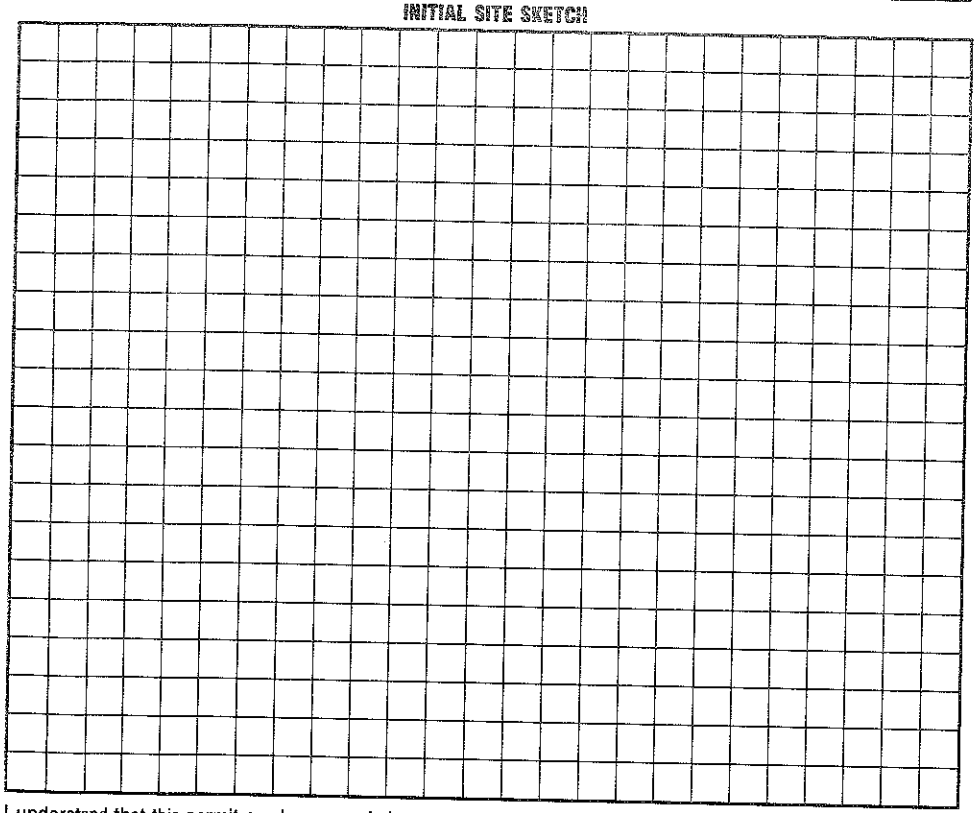
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☒ Community
☐ Public

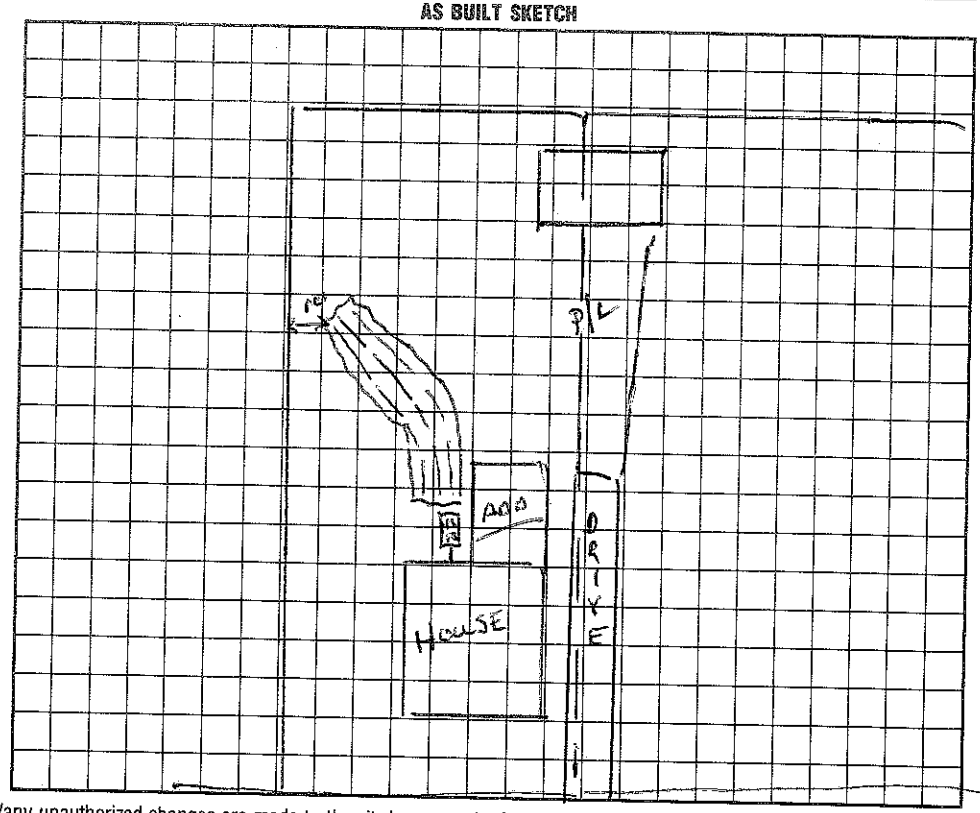
Comments:

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: Wesley Sparks R.S. date 1/5/95

Installed by: Commodore La.

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