IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct

4636454501

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

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

PROPERTY DESCRIPTION NO. 23603 DATE 5/1/96 TAX MAP NO. 2K B 14 Watershed: X Yes ☐ No

OWNER OR CONTRACTOR Andrew C Weatherman PHONE: Business _____ Home 664-8816

ADDRESS 197 Stutts Rd. Mooresville, NC. 28115

LOCATION on (L) of Stutts Rd across from Condos

SUBDIVISION N/A BLOCK / SECTION _____ LOT _____ LOT AREA Existing SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines 3 Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing System

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes X No

X 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: X Individual ☐ Community ☐ Public

Comments:

Comments: System appears in good repair
MH to be removed after house construction

INITIAL SITE SKETCH

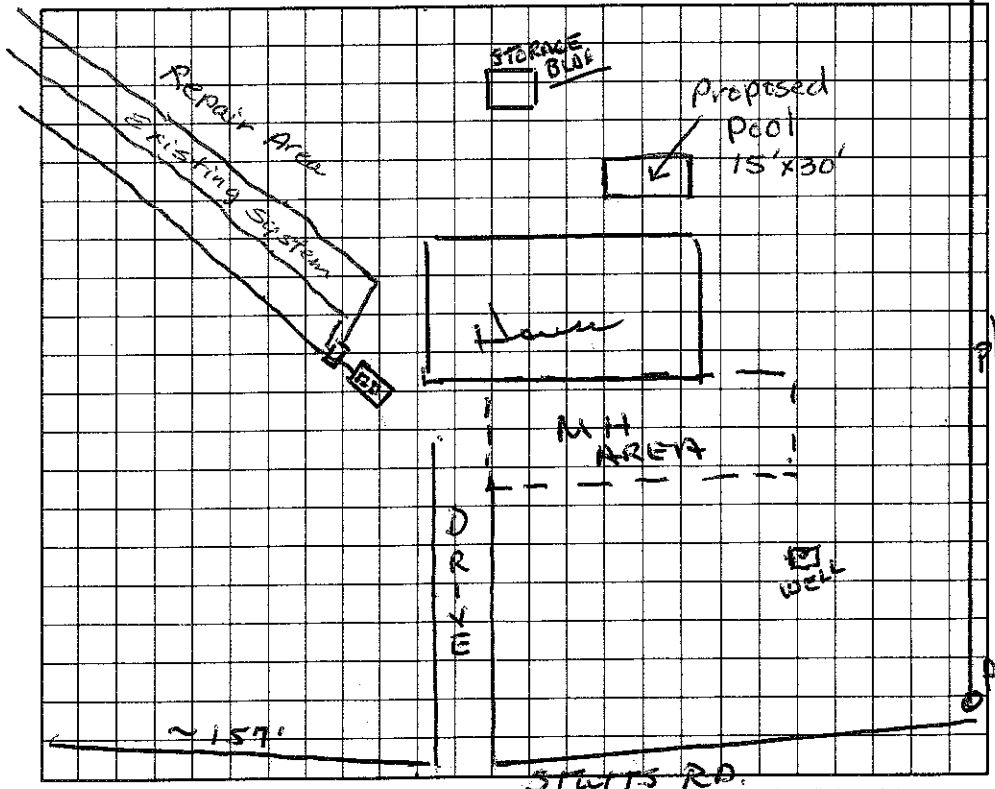
Location of the proposed Pool addition does not appear to impact the existing on-site septic system.**NOTE:

Andy Melville REHS

Date: 6-21-11

ICHD-Environmental Health Division

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: Larry Beam -93 Existing System

Certificate of Completion by: Wesley Sparks R.S. date 5/1/96

Operation Permit by: _____ date _____

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