10:00 - 10:30

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. Repair Permit DATE 6/30/97 TAX MAP NO. N/A Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Wayne Farley PHONE: Business _____ Home (704) 664-6686

ADDRESS 172 Spring Run Dr Mooresville, NC 28115

LOCATION Brawley School Rd. to Conrasback TR Spring Run Dr on left ½ way - Easement Area behind lot 96 on Conrasback

SUBDIVISION Spring Run BLOCK / SECTION _____ LOT 22 LOT AREA _____ SITE CLASS. S.D.S. DESIGN FLOW _____ L.T.A.R. .35

Septic Tank: 1500 Gallons; STB Existing Date _____

Pump Tank: 1500 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1100 Linear Feet 440'

No Lines 4 at 110' ea Trench Width 2'&3' Max Trench Bottom Depth _____ Gravel Depth N/A

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

System Description: LPP - Panel Block

Repair System Description: LPP - Chamber (Plastic)

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees _____

☐ Other _____

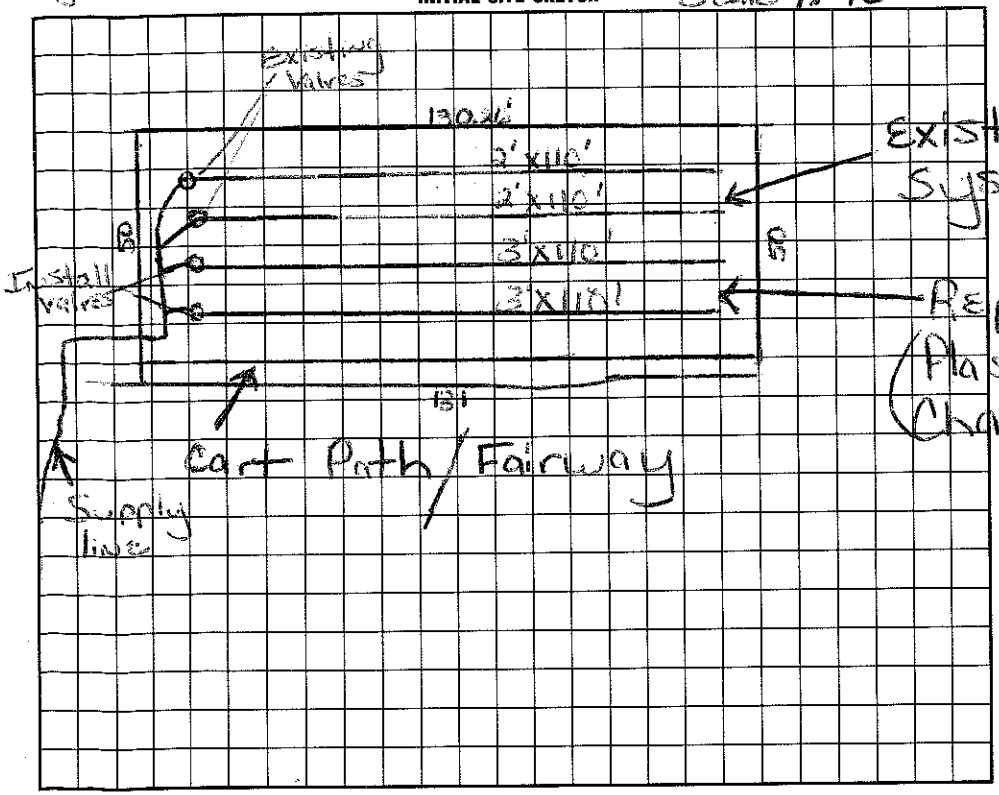
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Community ☐ Public

Comments: Repair to System & upgrade to 5 Bedrooms Pressure dosed system (LPP) Need to expose existing valves & set cover w/ below ground adapter. * See attached Notes.

Comments:

INITIAL SITE SKETCH Scale 1:40



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: Wayne Farley 7/10/97 Installed by: _____

Improvement Permit by: Maina H. H. Dotson date 6/30/97 Certificate of Completion by: _____ date _____

~~Existing System Inspection by:~~ Maina H. H. Dotson date 6/30/97 Operation Permit by: _____ date _____

Repair Permit

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