IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPEC

3 part

PROPERTY DESCRIPTION NO. _____ DATE Feb 9, '95 TAX MAP NO. _____ Watershed: ☐ Yes

OWNER OR CONTRACTOR Paul Reginaldi PHONE: Business _____ Home _____

ADDRESS 116 Canvasback Rd - Mooresville

LOCATION Catawba

SUBDIVISION Mallard Head BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW 360 gpd L.T.A.R. _____

Septic Tank: Ex. Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1+Ex Square Feet 1200 Linear Feet 400

No Lines 4 inbed Trench Width 12' Max Trench Bottom Depth AS NEEDED Gravel Depth 12"+

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

System Description: Bullkin Valve to Gen Bed

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

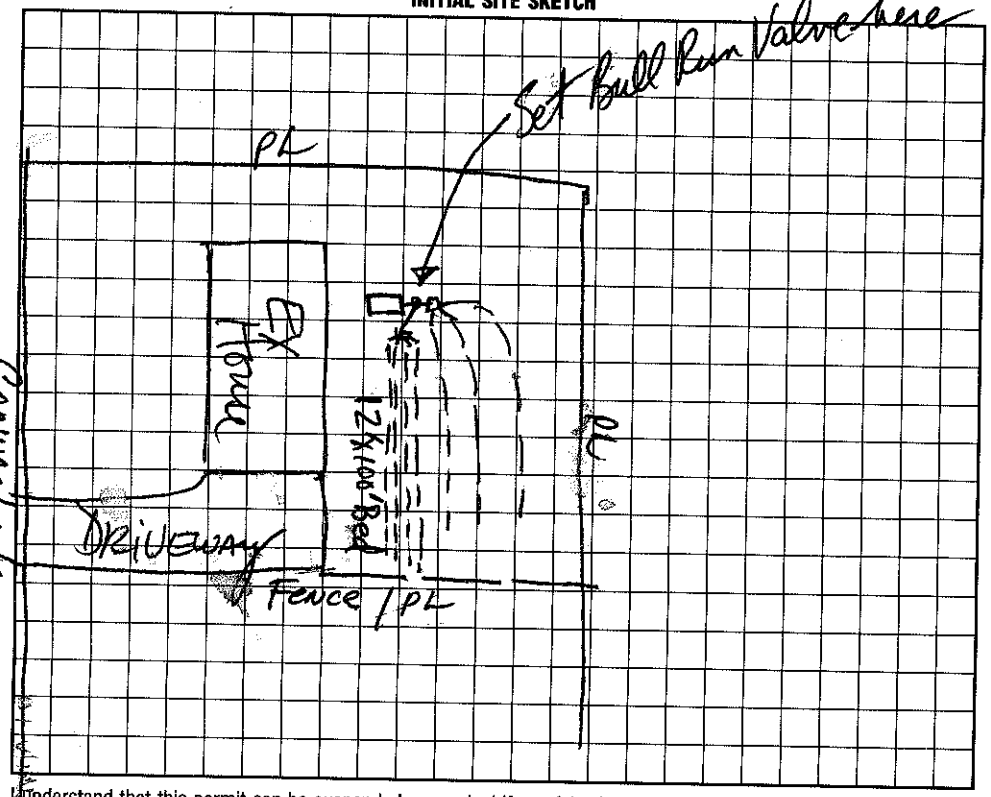
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

Comments: Watch out for underground power line & und. phone line to be rerouted. Water Conservation recommended.

Comments: Drainfield with 5 in rainfall on 5/9/95 Recommend this bed drained out as much as possible before covering.

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: Paul Reginaldi

Improvement Permit by: [signature] date 2/9/95

Existing System Inspection by: _____ date _____

Installed by: Richard Abernathy

Certificate of Completion by: [signature] date 5/10/95

Operation Permit by: _____ date _____

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