4603780904

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 DATE 7/9/96 TAX MAP NO. Repair Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Floyd Greene PHONE: Business 663-7841 Home 664-1030

ADDRESS PO Box 1144 Mooresville NC 28115

LOCATION Barnicy School Rd - Beside Farmstead Greenhouse

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA — SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. ≈ .3

Septic Tank: Existing Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 120

No Lines (2 Bed) Trench Width 10' Max Trench Bottom Depth 36" Gravel Depth 24"

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

System Description: ____

Repair System Description: Gravity Bed

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

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

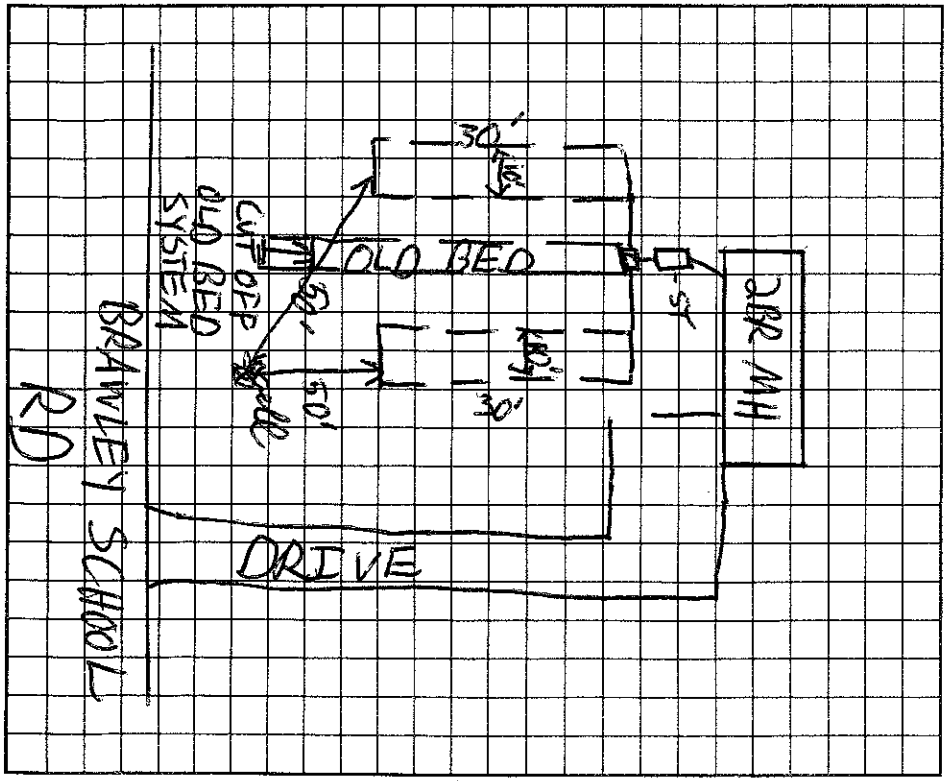
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: as appropriate

Pump Tank & Check Sanitary Tee.

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.

Signed: Marvel Smith

Installed by: Lawson Benton

Improvement Permit by: C. Ray Zimmerman EHSI date 7/9/96

Certificate of Completion by: ____ date ____

Existing System Inspection by: C. Ray Zimmerman EHSI date 7/9/96

Operation Permit by: Wesley Sparks R.S. date 8/5/96

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