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. 21171 DATE 6/13/95 TAX MAP NO. 2P-A-36 4638 31 6519 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Steven F Bush PHONE: Business _____ Home _____

ADDRESS ~~RT 3~~ 117 Bankhead Dr. Mooresville NC

LOCATION Robinson Rd. TR on Crusoe, TL Bankhead to 2nd home on L

SUBDIVISION N/A BLOCK / SECTION _____ LOT N/A LOT AREA ~2.92 AC SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 821 Date 6/27/95

Pump Tank: 1000 Gallons; PT 40 Date 5/4/95

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: Pump - Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

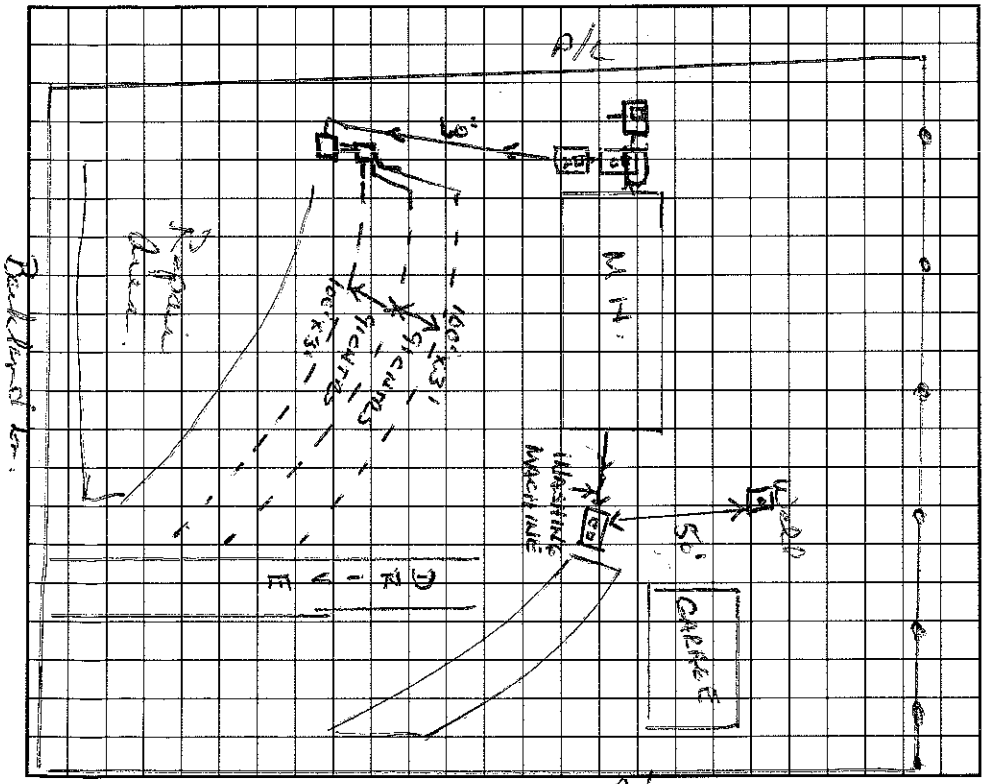
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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: Steven F Bush

Improvement Permit by: Wesley Sparks R.S. date 6/13/95

Existing System Inspection by: _____ date _____

Installed by: Danny Miller

Certificate of Completion by: Wesley Sparks R.S. date 8/4/95

Operation Permit by: _____ date _____

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