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. 083182 DATE 8/12/99 TAX MAP NO. 4638 34 7333 Watershed: WS IV-CA ☒ Yes ☐ No

OWNER OR CONTRACTOR Ray Mays PHONE: Business _____ Home _____

ADDRESS 115 Keenan Ln. Mooresville, NC. 28117

LOCATION Perth N TL Normandy TR Keenan Lane, 2nd drive on (L)

SUBDIVISION CL+T BLOCK / SECTION 11 LOT 109 LOT AREA .84 SITE CLASS. 75 DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet EXISTING Linear Feet SYSTEM

No Lines _____ 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 ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

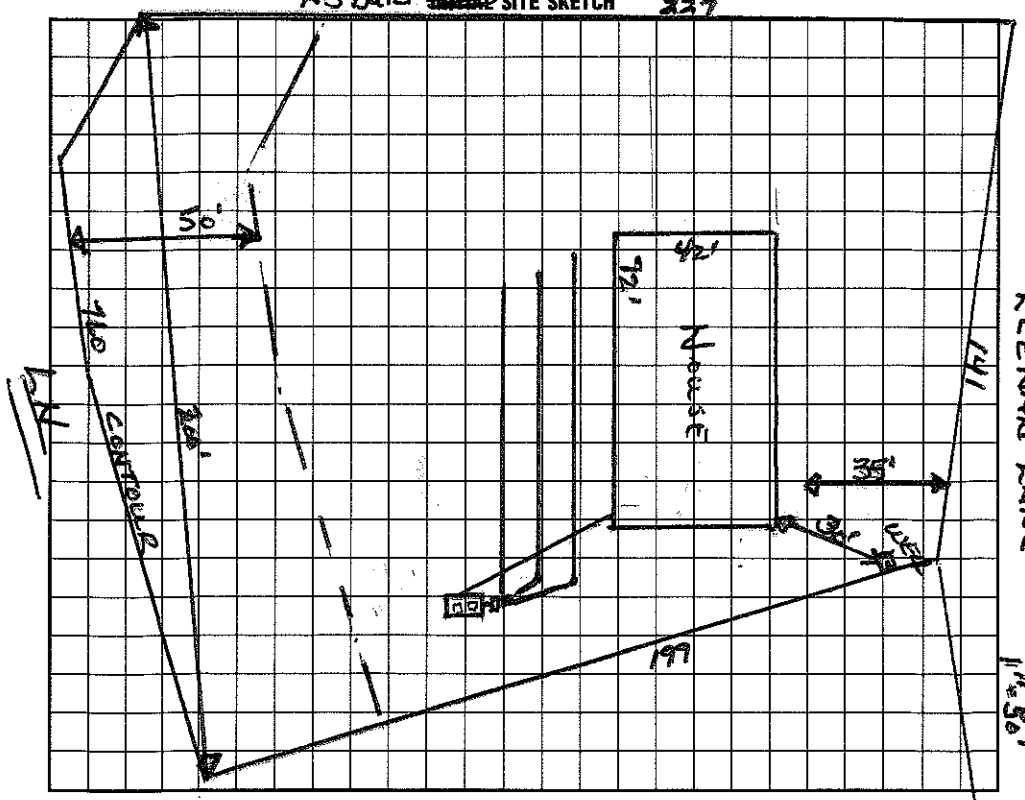
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments:

Comments:

AS BUILT SITE SKETCH 237



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: Ray Beam 8-13-99

Installed by: Wayne Dobson

Improvement Permit by: _____ date _____

Certificate of Completion by: _____ date _____

Existing System Inspection by: Wesley Sparks RS date 8/12/99

Operation Permit by: _____ date _____

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