IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct

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

1235

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 23213 DATE Sep. 30, 1996 TAX MAP NO. Pt. of 2SA 80 Watershed: X Yes ☐ No

OWNER OR CONTRACTOR Buddy Dofenth PHONE: Business 664-3825 ~~Home~~ 4638-68-9858

ADDRESS 116 Queens Rd. Mooresville, NC.

LOCATION 150 W Perth Rd. TL Stumpy Creek Rd. on left.

SUBDIVISION HARBORVIEW BLOCK / SECTION II LOT 9 LOT AREA .58 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 325 Date 11/4/96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet ~~+~~ 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND

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

System Description: CH PLASTIC

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☐ No

X House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other _____

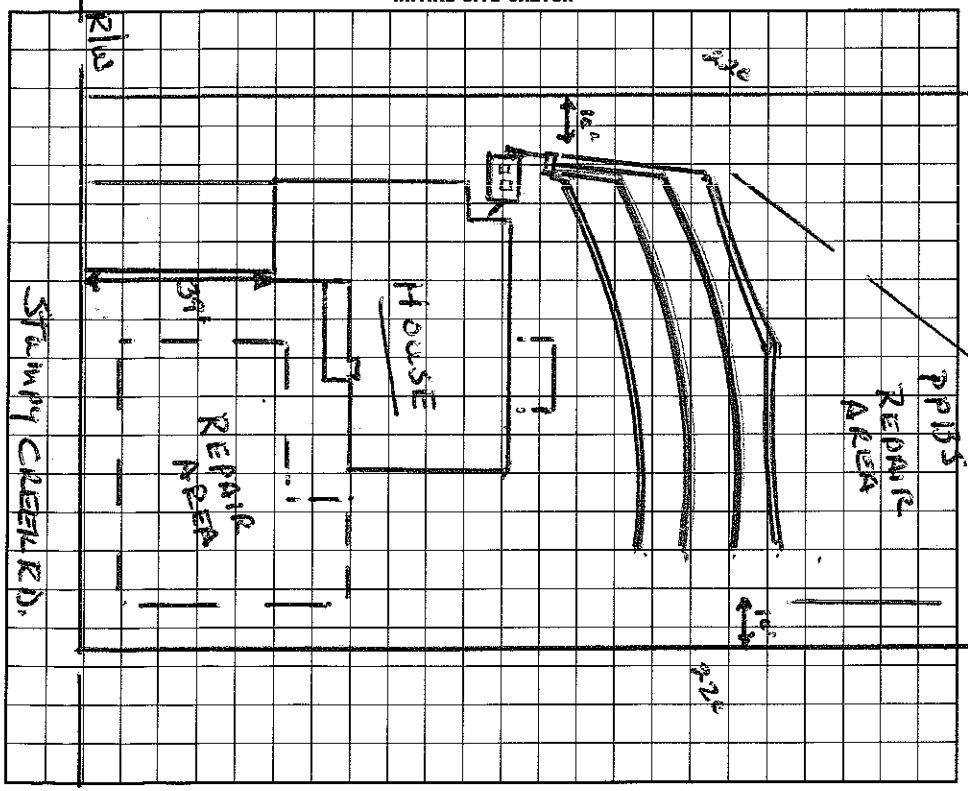
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Community ☐ Public

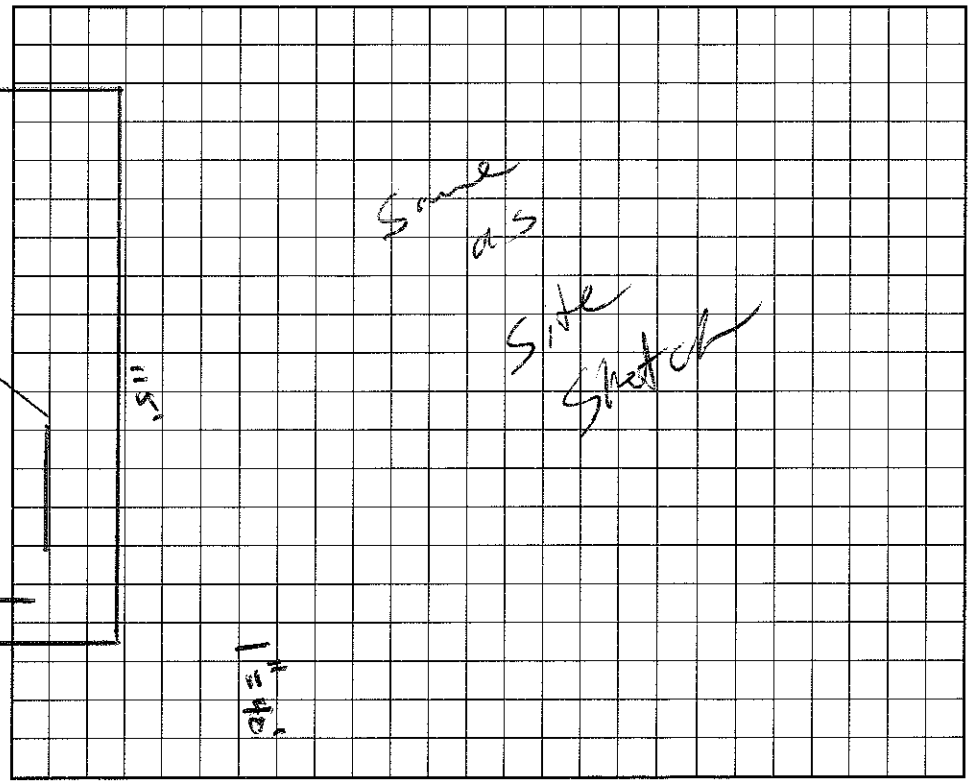
Comments:

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.

Signed: ~~X~~ B.G. Goforth for E.T. Helms (E. Tate)

Improvement Permit by: DRH date 4/2/96

Existing System Inspection by: Department Wesley Sparks RS. date 9/30/96

Installed by: Delbert Bentley

Certificate of Completion by: _____ date _____

Operation Permit by: C. Feltman EDSE date 1/14/97

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