4639028660

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. 17377 DATE 11/5/93 TAX MAP NO. 3C 10 A 199 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR WM. M. GLADDEN PHONE: Business _____ Home 528-9031

ADDRESS RT 4 BOX 198 MOORESVILLE, NC

LOCATION FERN HILL RD, TR RIVER BEND, TR 1ST ROAD (CARLTON DR) TO END ON (R)

SUBDIVISION C L + T BLOCK / SECTION 15 LOT 199 LOT AREA EXISTING SITE CLASS. U DESIGN FLOW 240 L.T.A.R. _____

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 725 Linear Feet 225

No Lines 2 Trench Width 1.5 Max Trench Bottom Depth 36

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

System Description: _____

Repair System Description: EXISTING SYSTEM

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth 12" ☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

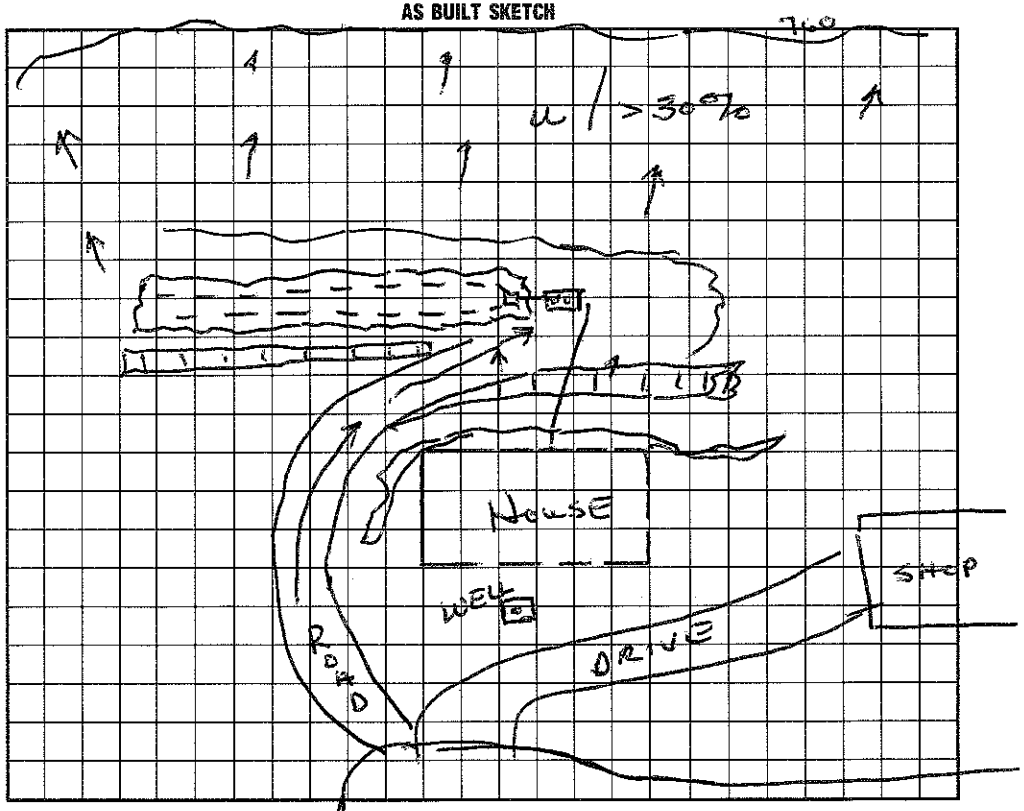
Water Supply: ☑ Individual ☐ Community ☐ Public

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: _____ Installed by: _____

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: Wesley Sparks R.S. date 11/5/93 Operation Permit by: _____ date _____

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