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. 068131 DATE 7/10/97 TAX MAP NO. 4645969666

OWNER OR CONTRACTOR Annette J. Stewart

ADDRESS P.O. Box 164 Mt. Mourne 28123 PHONE: Business _____ Home 892-4418

LOCATION 115S to Langtree TR X tracks TR on gravel to last house Watershed: ☐ Yes ☐ No

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. Existing DESIGN FLOW 360 gpd L.T.A.R. _____

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields ___ Square Feet _____ Linear Feet _____

No. Lines 4 at 75 Trench Width 36" Max Trench Bottom Depth ≈ 36" Gravel Depth 12"

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

System Description: Conv. Grav.

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2 No. Employees ___

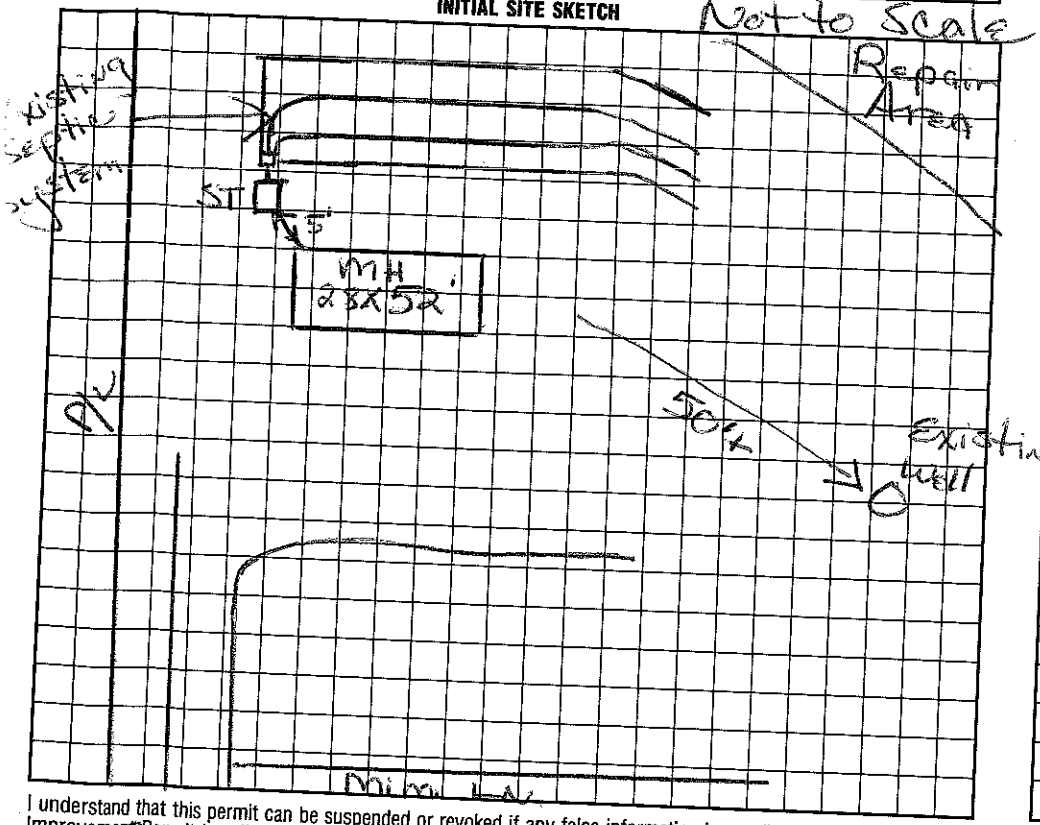
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: Existing system appears to be functioning OKay at time of inspection. Portable shed must be moved off drainfield.

Comments: Original system installed 12/19/91 J by F.J. Ervin Under Boyce Jenkins.

INITIAL SITE SKETCH Not to Scale



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: Annette J. Stewart

Improvement Permit by: Marietta Dotson date 7/10/97

Existing System Inspection by: Marietta Dotson date 7/10/97

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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