4646-65-2039

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. 25083 DATE 9/30/96 TAX MAP NO. 2T6B8 Watershed: X Yes ☐ No

OWNER OR CONTRACTOR Sonja B Bradshaw PHONE: Business _____ Home 664-1896

ADDRESS 759 Clover Rd. Mooresville, NC. 28115

LOCATION 215 TR on Alcove Rd, to cul de sac TL, 1st trailer on L

SUBDIVISION Hagers Point BLOCK / SECTION _____ LOT 8 LOT AREA Exist. SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1080 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet Existing Linear Feet _____

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 X No

☐ House/Mod. Home No. Bedrooms 3

X Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

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

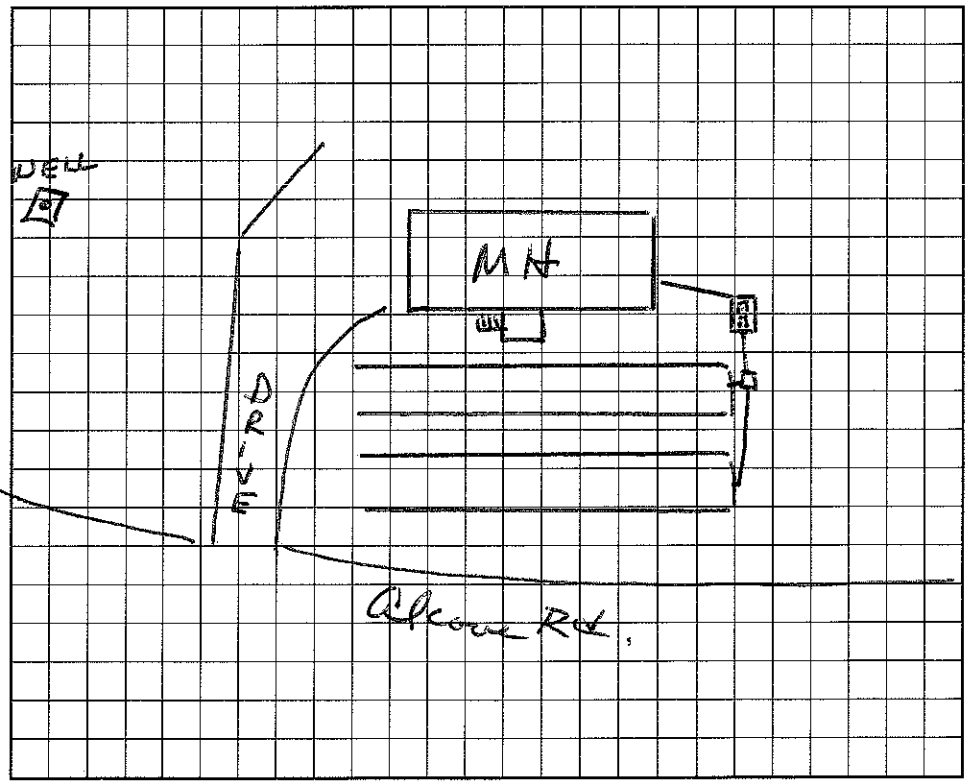
Water Supply:
☐ Individual
X Community
☐ Public

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: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: _____

~~Certificate of Completion by:~~ Existing System Wesley Sparks R.S. date 9/30/96

Operation Permit by: _____ date _____

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