IREDELL COUNTY HEALTH DEPARTMENT

Repair Permit

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

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

PROPERTY DESCRIPTION NO. Repair DATE 4/14/97 TAX MAP NO. 4646008725 5 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Carl Neill PHONE: Business 663-3939 Home

ADDRESS 123 Hickory Hill Dr. Mooresville

LOCATION Brev Sub. TL Sibley Rd. TR Apple Blossom Lane (L) around house to first house on (R)

SUBDIVISION NIA BLOCK / SECTION LOT LOT AREA SITE CLASS. DESIGN FLOW L.T.A.R.

Septic Tank: 2nd Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No. Fields 1 Square Feet 1200 Linear Feet 400

No. Lines X4 Trench Width 36" Max Trench Bottom Depth 40" Gravel Depth

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

System Description: conv

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☒ No

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

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

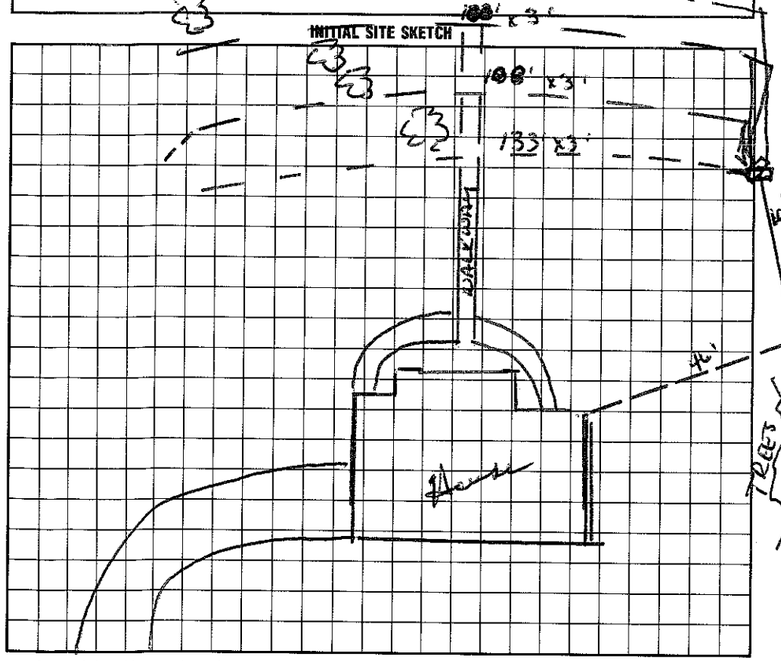
☐ Other

Water Supply:
☒ Individual
☐ Community
☐ Public

Comments:

Comments: 4@ 100' X3 installed

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: X

Improvement Permit by: Wesley Sparks R.S. date 4/14/97

Existing System Inspection by: Wesley Sparks R.S. date 4/14/97

Installed by: F J Ervin

Certificate of Completion by: Wesley Sparks R.S. date 6/3/98

Operation Permit by: Wesley Sparks R.S. date 6/3/98

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

2102

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR JOANN NEILL DATE 3/22/93 PERMIT NO. 2JA 10

PHONE: Business _____ Home _____

LOCATION Gilbs Rd. to end (R) around drive (L) to first house on (R)

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S.R. No. _____

House ☑ Mobile Home ☐ Business ☐ Other SUNROOM + BATH

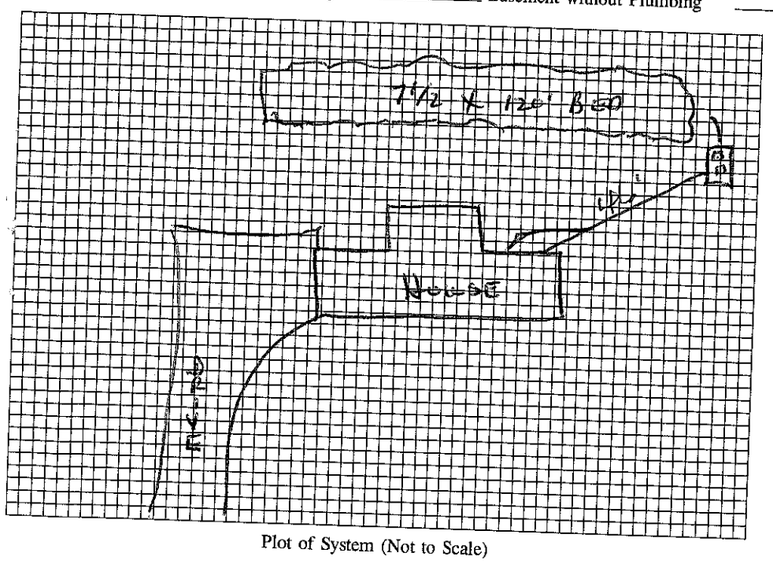
No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ☐	No ☐
Auto. Dishwasher	Yes ☐	No ☐
Auto. Wash. Machine	Yes ☐	No ☐

Lot Area _____

Soil Characteristics P- Existing
Application Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ☑
Public ☐

Installed by T Barnett

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY AWS.

COMMENTS _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 3/22/93

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold