4646-91-9140

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. 25309 DATE 10/15/96 TAX MAP NO. 2H 4B 48 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Beatrice Houston PHONE: Business _____ Home 663-0136

ADDRESS 169 Crossrail Rd. Mooresville, NC.

LOCATION Crossrail Rd, 1155 TR Left up TE Crossrail to #169 on (L) before Whistlestop Ln.

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

Septic Tank: Existing Gallons; STB System Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ____ Square Feet _____ 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 ☐ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

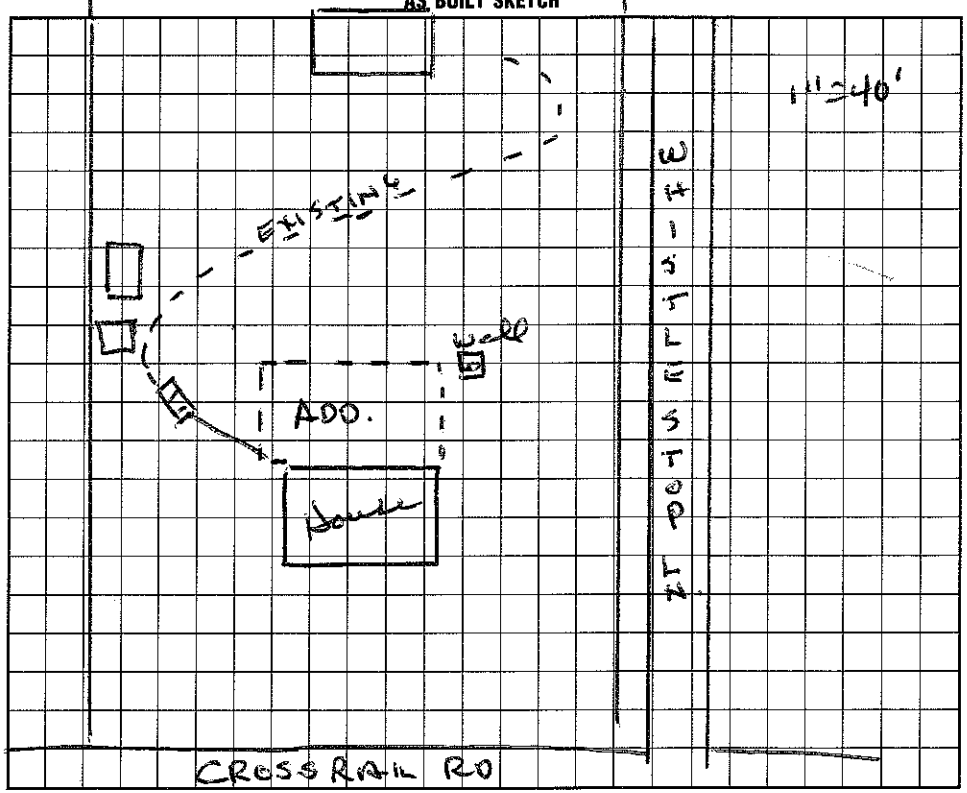
Water Supply:
☒ Individual
☐ Community
☐ Public

Comments:

Comments:
Repairs

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 Working Sparks. date 10/15/96

Operation Permit by: _____ date _____

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