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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. 1 DATE May 3, '95 TAX MAP NO. _____ Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Harold Robertson PHONE: Business _____ Home _____

ADDRESS 3150 Charlotte Hwy. Mooresville

LOCATION 215 on right just before Waterlynn Road

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1Ac+ SITE CLASS. #5 DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1+Ex Square Feet 600 Linear Feet 200

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: BR valve to cap laterals

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1-2

☐ Business No. Employees _____

☐ Other _____

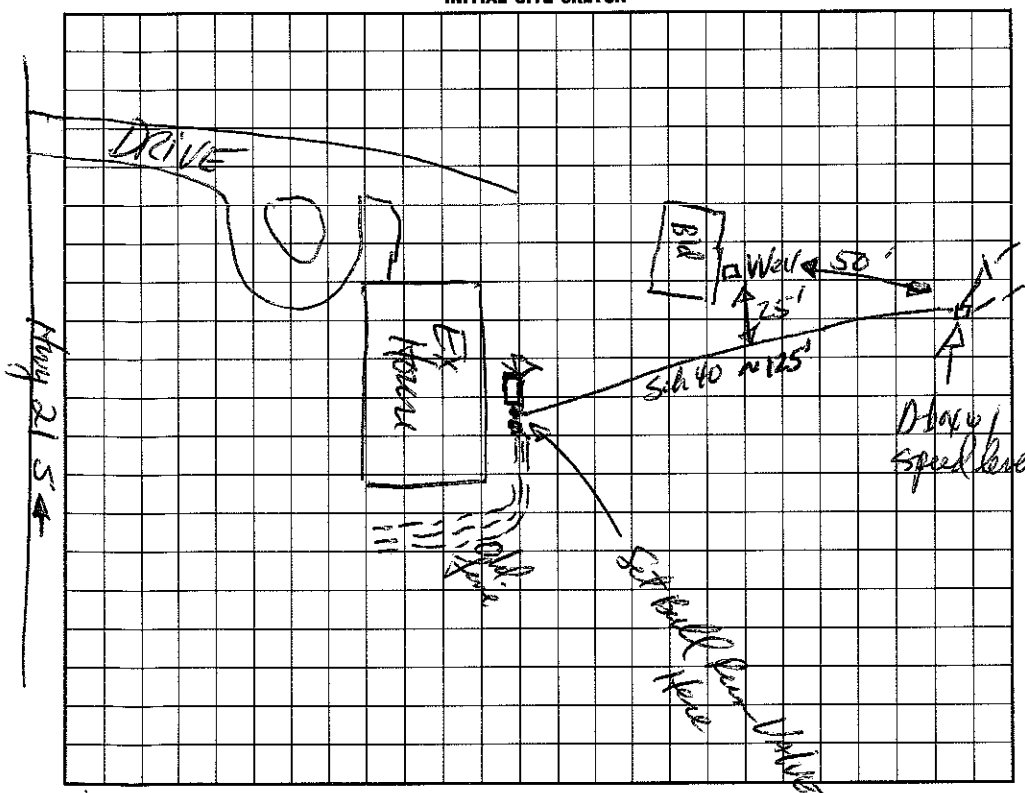
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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: X Harold Robertson

Improvement Permit by: _____ date 5/3/95

Existing System Inspection by: _____ date _____

Installed by: _____

Certificate of Completion by: _____ date 7-7-95

Operation Permit by: _____ date _____

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