IREDELL COUNTY HEALTH DEPARTMENT

Without Permit to Construct

4648 24 2108

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

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

PROPERTY DESCRIPTION NO. 24318 DATE 7/16/97 TAX MAP NO. 2P 6A 53 Watershed: X Yes ☐ N

OWNER OR CONTRACTOR Vernon Voss PHONE: Business _____ Home 576-8458

ADDRESS Big Indian Loop. Mooresville, NC. 28115

LOCATION Bluefield Rd. TL Big Indian Loop, straight, 1.6 miles on (L) 567 Big Indian Loop

SUBDIVISION CL+T BLOCK / SECTION 12 LOT 53 LOT AREA .75 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 6/4/98

Pump Tank: 1000 Gallons; PT 27 Date 9/21/98

Pump Make: SHEF SO AL Model HYDROMATIC Serial No. 3/18/98

Nitrification Field: No Fields 1 Square Feet *900 Linear Feet *300

No Lines *4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND.

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

System Description: PressMan — Ch. Plastic

Repair System Description: 16" PVC

Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

☐ Other ____

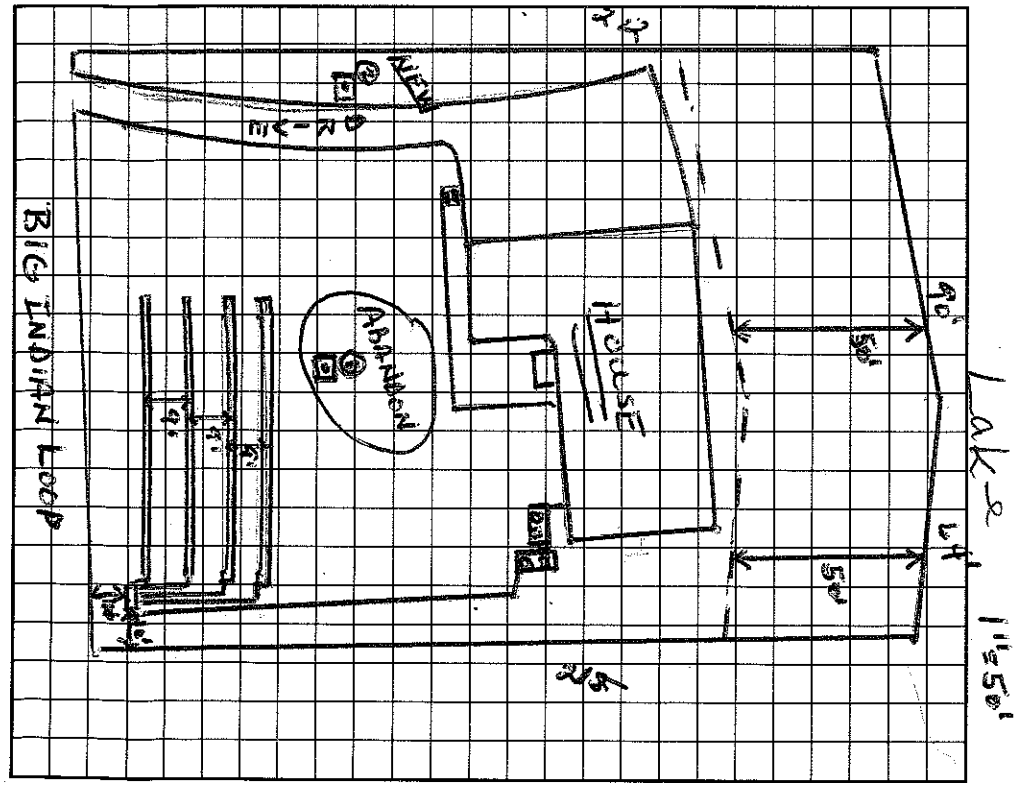
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing X Basement wo/plumbing

Water Supply: X Individual ☐ Community ☐ Public

Comments: (1) Well must be properly abandoned
(2) ~ location of new well
* 25% reduction for Ch. Plastic use

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: * Vernon Voss

Improvement Permit by: Wesley Sparks RS date 7/16/97

Existing System Inspection by: Wesley Sparks RS. date 7/16/97

Installed by: Johnson Const.

Certificate of Completion by: Wesley Sparks RS. date 11/13/98

Operation Permit by: _____ date _____

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