4649389520

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. 23013 DATE 1/24/96 TAX MAP NO. 361A14 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Vernon Brown PHONE: Business _____ Home 528-6247

ADDRESS 331 Carlyle Rd. Mooresville, NC 28115

LOCATION Carlyle off Flowers Store Rd. on ② just past Bibleway Baptist Church

SUBDIVISION N/A BLOCK / SECTION _____ LOT _____ LOT AREA Existing SITE CLASS P5 DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields Expand Feet ~~Septan~~ 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: Existg System

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 4

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

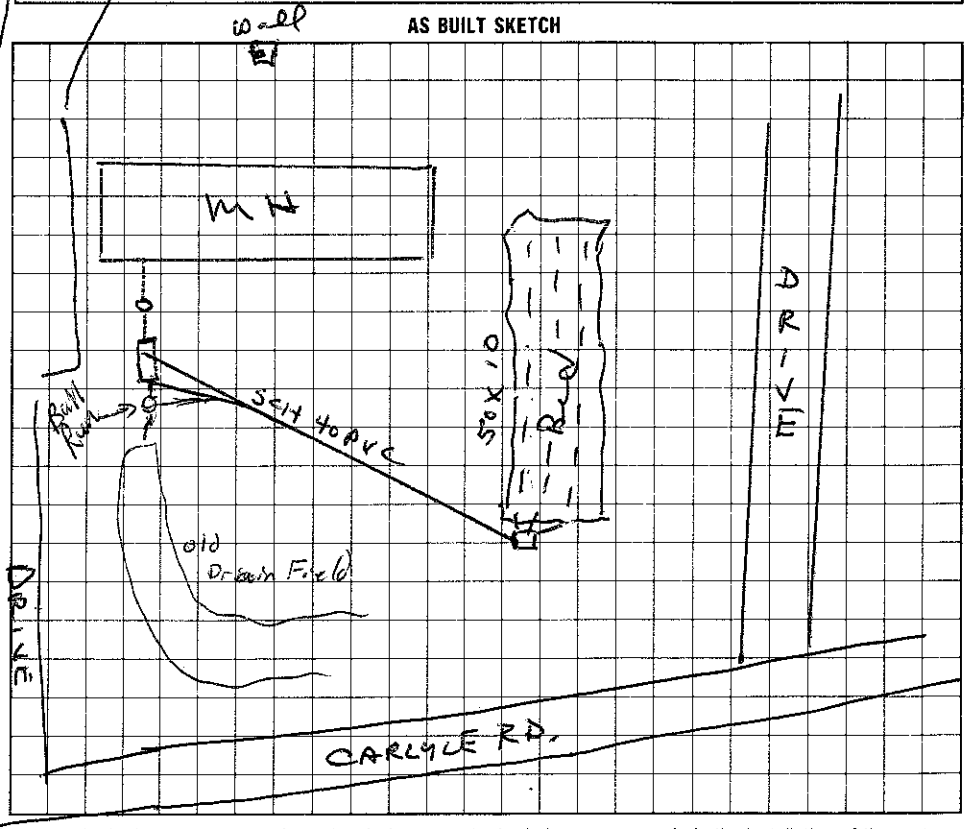
Water Supply: ☒ Individual ☐ Community ☐ Public

Comments:

Comments:

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: Existg System Wesley Sparks RS. date 1/24/96

Operation Permit by: Wesley Sparks RS. date 1/24/96

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

12:30

PROPERTY DESCRIPTION NO. Repair DATE 7/5/95 TAX MAP NO. N/A

OWNER OR CONTRACTOR Vernon Brown

ADDRESS 331 Carlyle Rd. Mooresville, NC. PHONE: Business Home 528-6247

LOCATION Carlyle Rd. to Bobbitt Way Ch #6, on (R) side of parking lot

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

Watershed: ☐ Yes ☒ No

Septic Tank: Existing Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 500 Linear Feet 150

No Lines 3 Trench Width 10' Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: III - Bell Run Valve

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

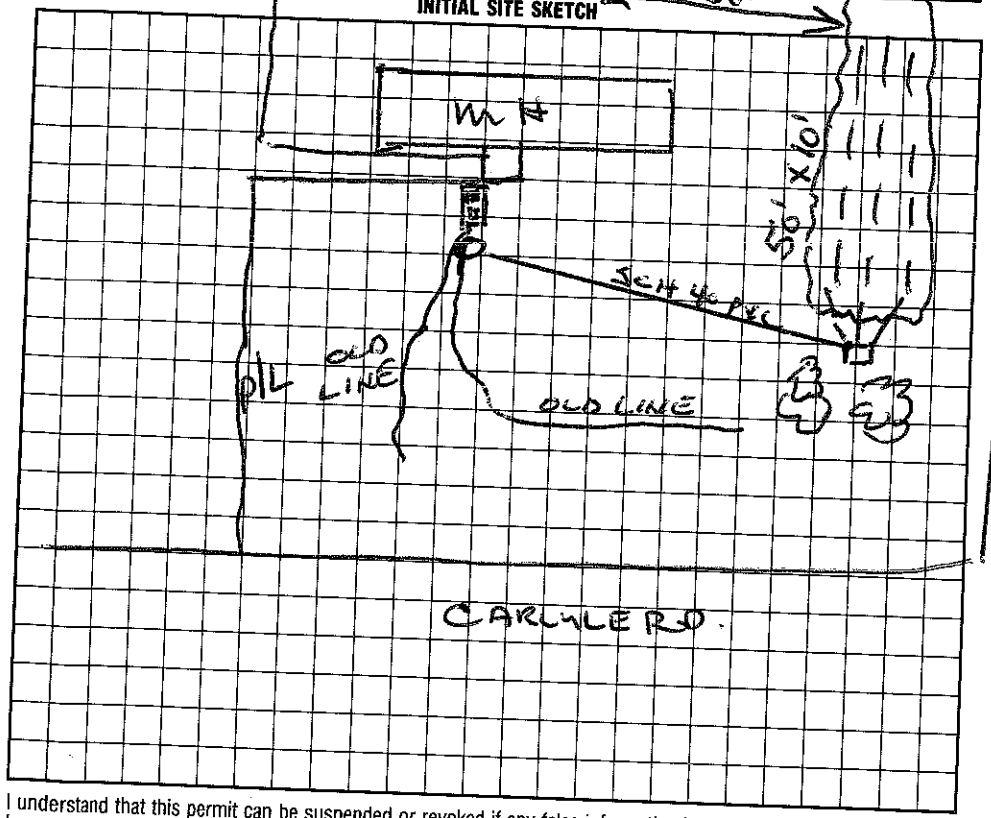
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

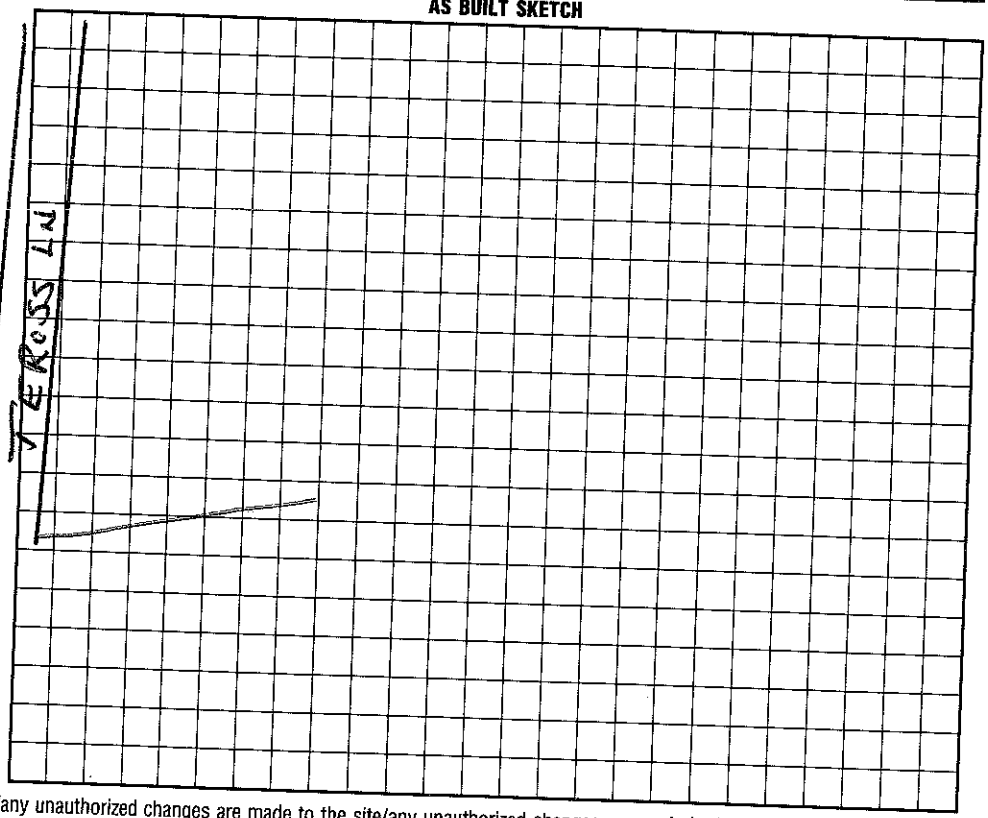
Comments: Check Sanitee tee - replace if needed
Bell Run valves to old and newest repair

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:

Improvement Permit by: Wesley Sparks RS. date 7/5/95

Existing System Inspection by: date

Installed by: Dennis Gallipey

Certificate of Completion by: Wesley Sparks RS. date 8/9/95

Operation Permit by: date

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