4649882571

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. 29868 DATE 5/3/95 TAX MAP NO. 4F B 65 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Susan K Privette PHONE: Business _____ Home 528-3991

ADDRESS 167 Rankin Hill Rd. Mooresville, NC.

LOCATION Rankin Hill off 1st Flower Home hp. drive just past 2nd brick home on (L) to end of drive

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

Septic Tank: 1200 Gallons; STB 794 Date 3/24/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet ~~X~~ 210

No Lines ~~X~~ 4 Trench Width 24" Max Trench Bottom Depth 32" Gravel Depth 6"-STND

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

System Description: 16" PANELS - DIST BOX - SPOILS

Repair System Description: SAME

Maintenance Agreement Required: ☒ Yes ☐ No 5 YR

☒ 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

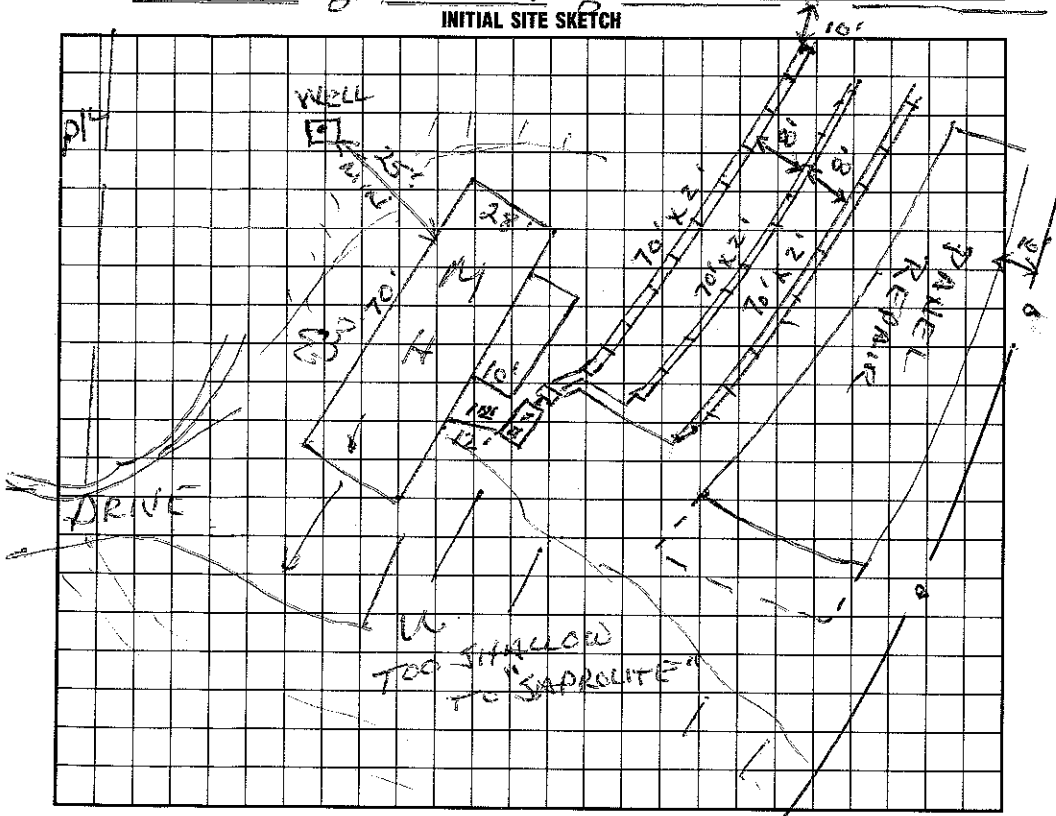
Comments:

Lines must be on contour in direction shown
Right side of lot "A" (to Shallow to Saprolite)
FENCE

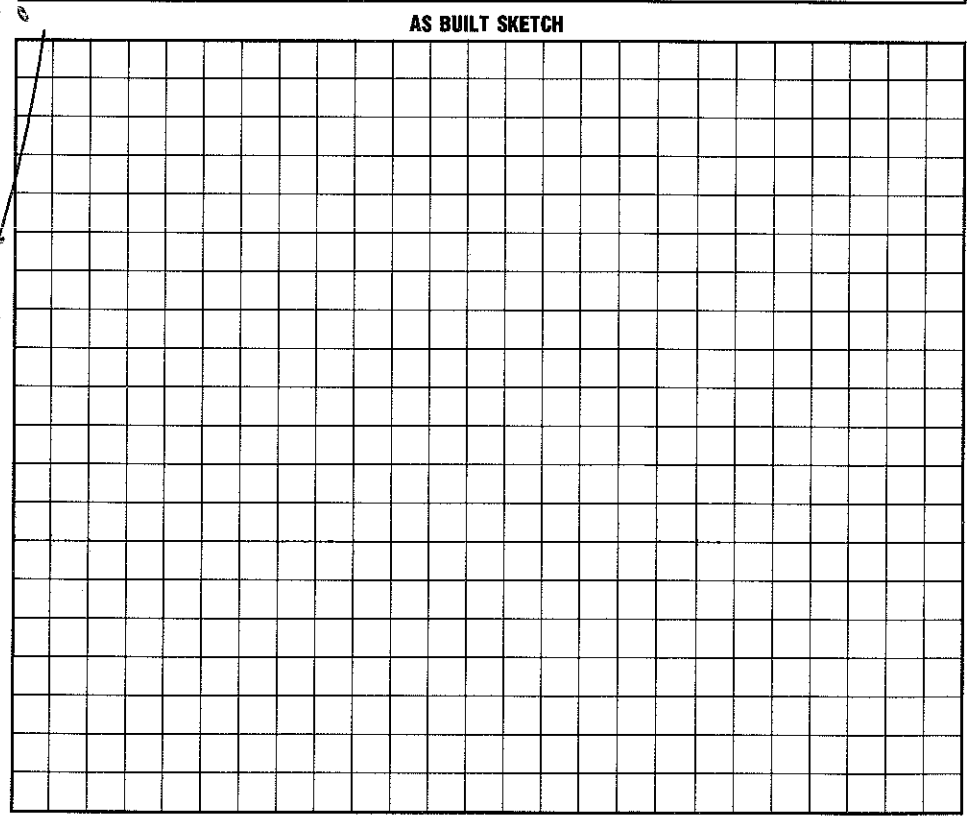
Comments:

5/11/95 OK'd change to dry filtrator 4@72' x 3' HWS.
Installed as shown

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: + Susan K Privette

Improvement Permit by: Wesley Sparks RS date 5/3/95

Existing System Inspection by: _____ date _____

Installed by: Dennis Gallihar

Certificate of Completion by: Wesley Sparks RS date 5/22/95

Operation Permit by: _____ date _____

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