4054396724

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. _____ DATE _____ TAX MAP NO. _____ Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Lewis Barnette PHONE: Business _____ Home 892-3545

ADDRESS 498 Midway Lake Rd. Mooresville, NC. 28115

LOCATION 115 S TL on Midway Lake R. 3rd on

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

Septic Tank: 1000 Gallons; STB 794 Date 8/12/95 ☐ New System ☒ Repair System Type: I, II, III, IV, V, VI

Pump Tank: _____ Gallons; PT _____ Date _____ System Description: _____

Pump Make: _____ Model _____ Serial No. _____ Repair System Description: _____

Nitrification Field: No Fields N/A Square Feet _____ Linear Feet _____ Maintenance Agreement Required: ☐ Yes ☐ No

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ House/Mod. Home No. Bedrooms ____
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____

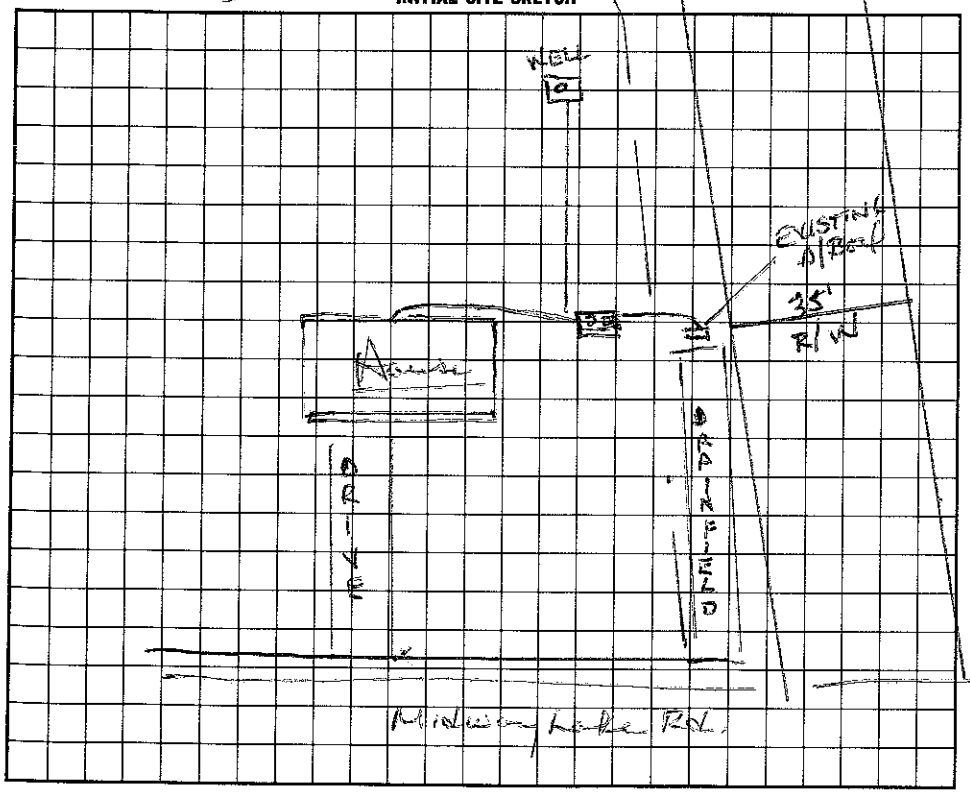
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Community
☐ Public

Comments:
Bracket - old permit
Resetting Septic Tank - Existing Tank damaged

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: _____ Installed by: Julian Bowles

Improvement Permit by: Wesley Sparks RS. date 9/6/95 Certificate of Completion by: Wesley Sparks RS. date 9/14/95

Existing System Inspection by: _____ date _____ Operation Permit by: _____ date _____

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