IREDELL COUNTY HEALTH DEPARTMENT

4655-13-5922

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

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

PROPERTY DESCRIPTION NO. _____ DATE 6/7/93 TAX MAP NO. _____

OWNER OR CONTRACTOR J+J MOBILE HOME PARK PHONE: Business 896-0400 Home _____

ADDRESS PO Box 427 Mt Mourne, NC.

LOCATION EASTPORT RD, TL STRAIGHT BY OFFICE TO 2nd LOT ON (L)

SUBDIVISION EASTPORT BLOCK / SECTION _____ LOT 3B LOT AREA _____ SITE CLASS. P L.T.A.R. _____

Water Supply: ☐ Individual ☐ Community ☐ Public

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields _____ Square Feet _____ Linear Feet EXISTING

No Lines _____ Trench Width _____ Trench Depth _____ Gravel Depth _____

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

System Description: CONV.

Repair System Description: CONV.

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

Garbage Disposal: ☐ Yes ☐ No

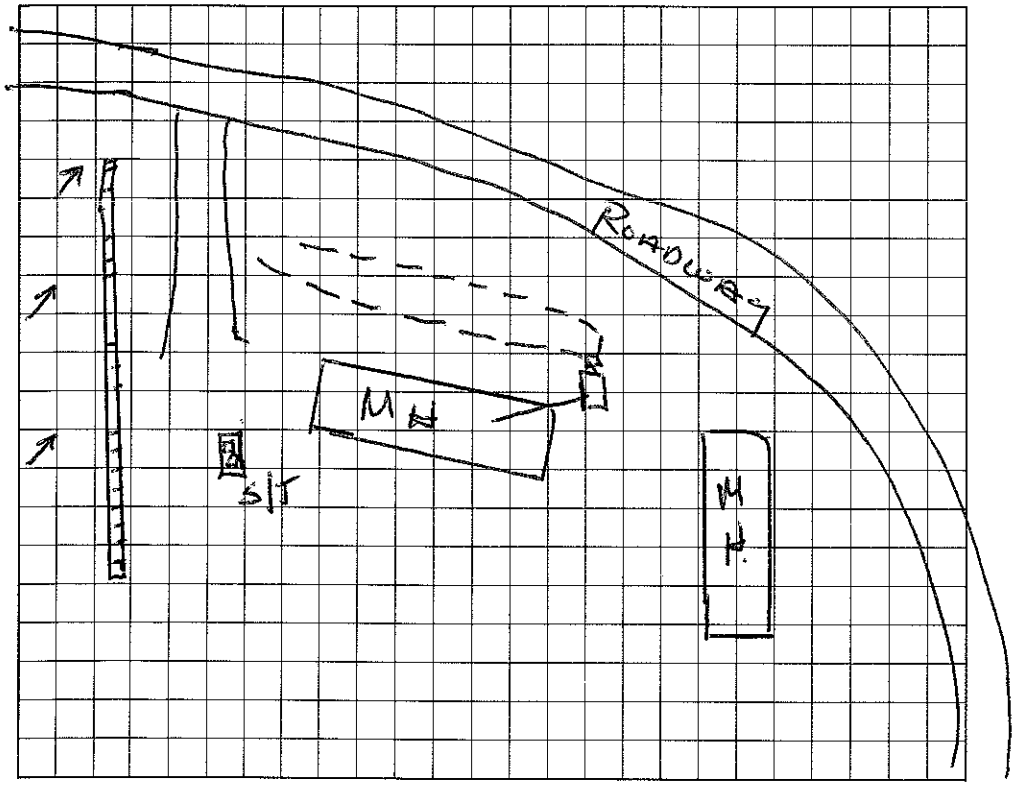
Auto. Dishwasher: ☐ Yes ☐ No

Auto. Washing Machine: ☐ Yes ☐ No

Other _____

Comments Existing System.

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: _____ date _____

Existing System Inspection by: Wesley Sparks RS. date 6/7/93

Installed by: _____

Certificate of Completion 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