IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct 4655-14-2327

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

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

PROPERTY DESCRIPTION NO. 24135 DATE 7/29/96 TAX MAP NO. 2H B 56 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR J+J Mtn Park (David McCall) PHONE: Business _____ Home 892-4702

ADDRESS 108 Eastport Ln. Mooresville, NC 28115

LOCATION 115-215 TL Eastport TL Eastport Ln. to 6th Intersection (L)

SUBDIVISION J+J Mtn Park BLOCK / SECTION _____ LOT 6 LOT AREA Equity SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: Equity Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ 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: Equity

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

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

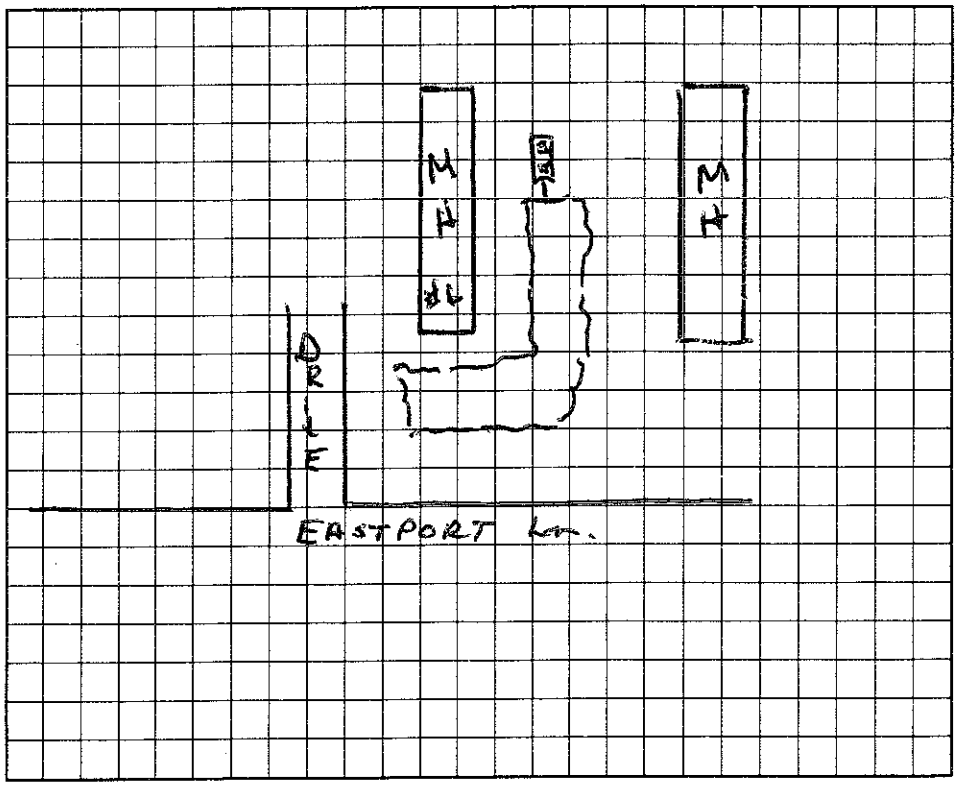
Water Supply:
☐ Individual
☒ Community
☐ Public

Comments:

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:~~ Emily Sanderson. Wesley Sparks RS. date 7/29/96

Operation Permit By: _____ date _____

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