4655235697 Kenny Dellinger 3pm

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. 23111 DATE Feb 21, 196 TAX MAP NO. part of 2AB27 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Steve Devore PHONE: Business _____ Home _____

ADDRESS 223 Eastport Ln, Mooresville

LOCATION 115 S. TL Eastport Trail TR Eastport Lane ~ ½ mile on left (Accessory MH on Baldwin property)

SUBDIVISION Fred Baldwin property BLOCK / SECTION _____ LOT _____ LOT AREA 5/16ac SITE CLASS. RS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 6/21/96
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3@133' Trench Width 36" Max Trench Bottom Depth ~30" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: gravity conventional
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

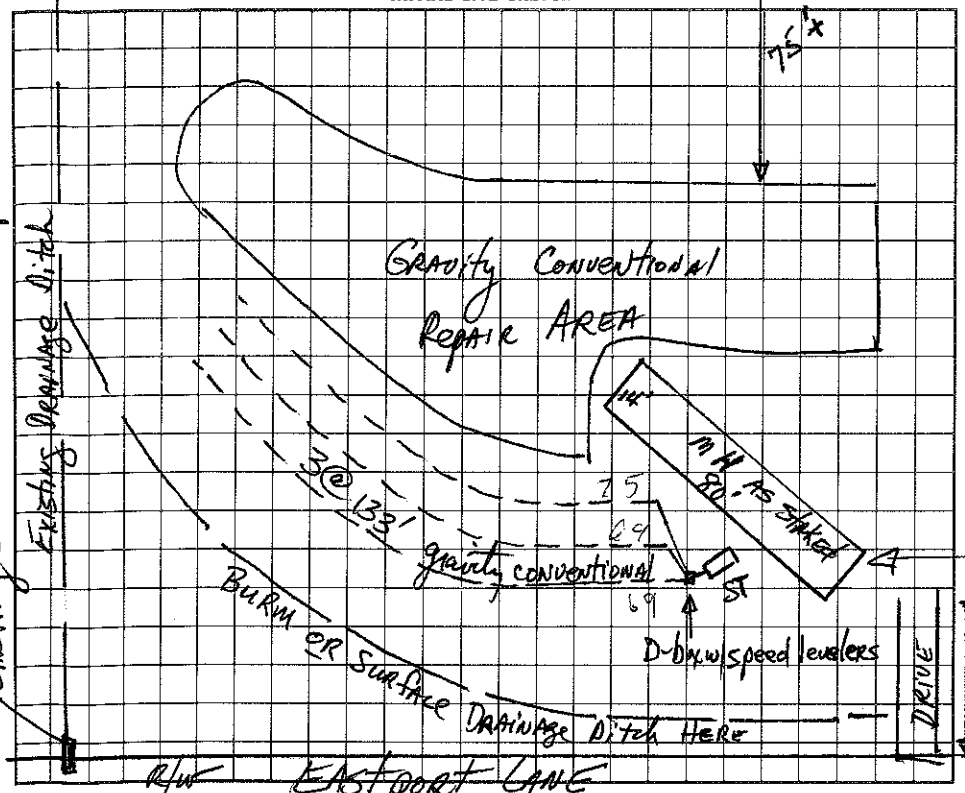
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Community
☐ Public

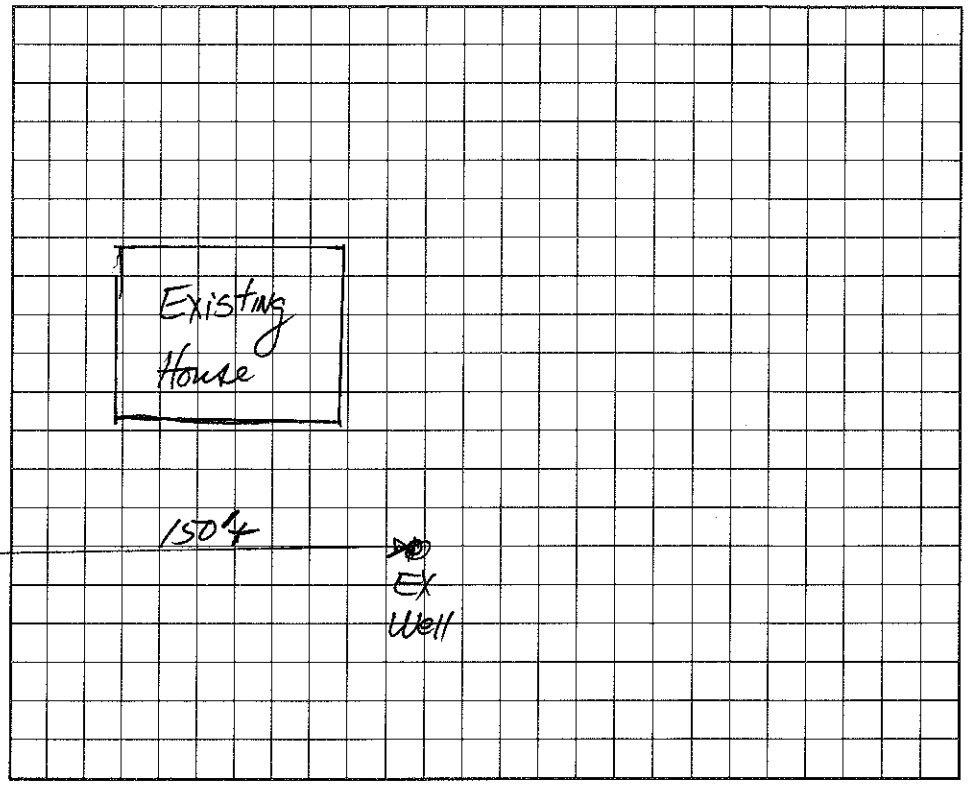
Comments:
Surface water diversion ditch/burm ← Pond
needed as shown on sketch.

Comments: Lines, Tank checked 7/24/96 - Baby
Burm or Surface ditch not in place 7/24/96
Burm in Place 8-6-96 - CHF

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: X Steve D. Devore

Improvement Permit by: Harold B. Henson RS date 2-21-96

Existing System Inspection by: Authorization to construct HBHenson RS date 2-21-96

Installed by: Dellinger

Certificate of Completion by: _____ date _____

Operation Permit by: C. Baby Keen EOSE date 8-6-96

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