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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 Mrs. Vivian Gleaton PHONE: Business _____ Home 664-2844

ADDRESS 220 Waterlynn Rd Mooresville

LOCATION 115 S. TR Waterlynn Rd. on left just before Richies from 6.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA Existing SITE CLASS. _____ DESIGN FLOW 270gpd L.T.A.R. _____

Septic Tank: ~~X~~ 1000 (Existing) Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 750 Linear Feet 250

No Lines 5in bed Trench Width 15' Max Trench Bottom Depth 36"± Gravel Depth 12"±

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

System Description: _____

Repair System Description: gravity Bed

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees _____

☐ Other _____

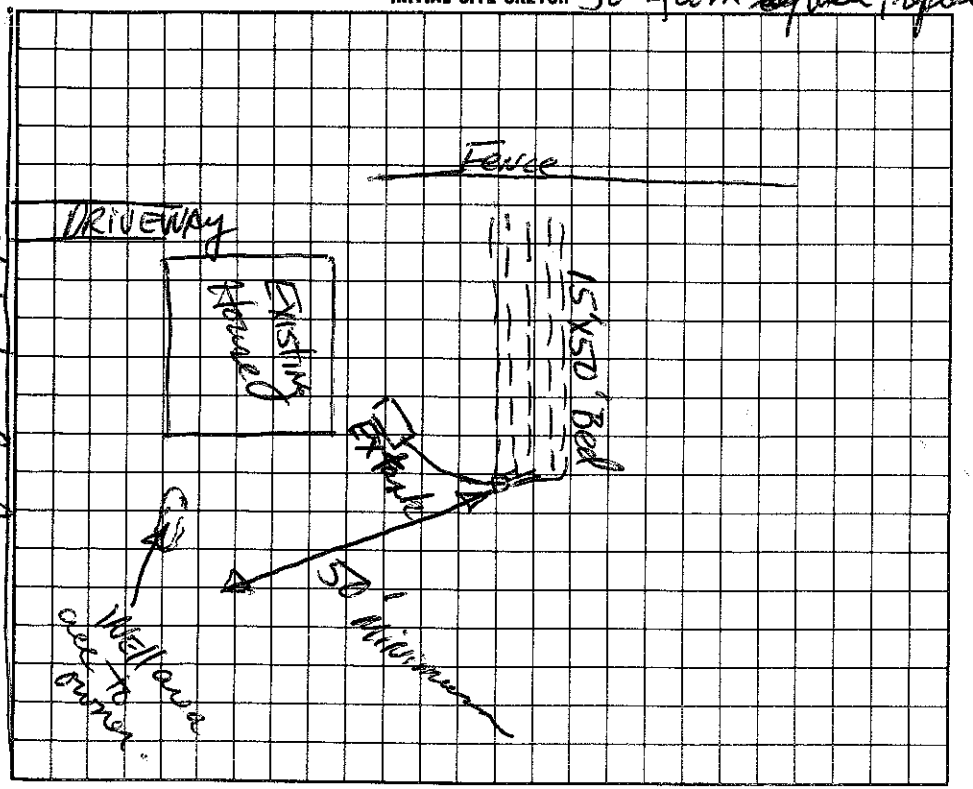
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: WELL-CASING must be located in order to determine where Existing tank is in relation to 50' minimum setback. If Existing tank is less than 50' from well replace w/ new 1000gal tank

Comments: Washing machine to be plumbed into Septic tank

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~~ Vivian P. Gleaton

Improvement Permit by: [signature] date 6-3-96

~~Existing~~ System Inspection by: [signature] date 6-3-96

Installed by: Julian Bowles

Certificate of Completion by: _____ date _____

Operation Permit by: [signature] date 7/23/96

~~Cons~~ Auth

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