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. 1416 DATE 1/25/94 TAX MAP NO. 1L 5A 6

OWNER OR CONTRACTOR Phyllis Alexander PHONE: Business 4057389867 Home

ADDRESS 529 W Shadowlawn Ave Mooresville NC 28115

LOCATION 21N, TR. TO LAST ON (L). OFF CULDESAC

SUBDIVISION Summerchase BLOCK / SECTION LOT 6 LOT AREA SITE CLASS. L.T.A.R.

Water Supply: ☐ Individual ☐ Community ☐ Public

Septic Tank: 1500 Gallons; STB 797 Date 8/13/93

Pump Tank: 1500 Gallons; PT 797 Date 6/16/93

Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500

No Lines 6 Trench Width 3 Trench Depth 36" Gravel Depth 12"

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

System Description: PUMP - CONVENTIONAL

Repair System Description: CONVENTIONAL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 5 No. Bathrooms 3 No. Employees

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

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

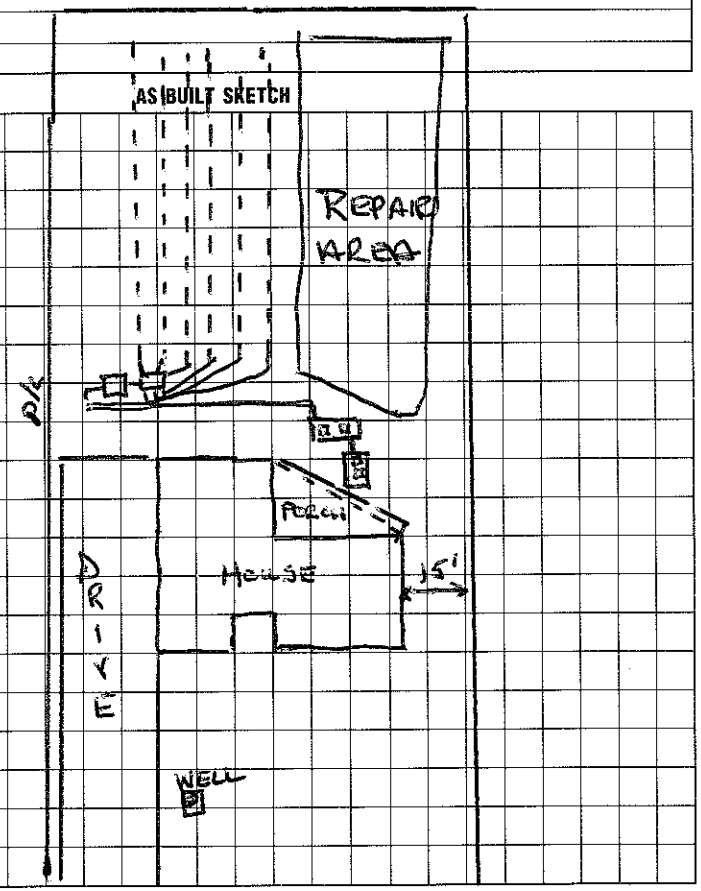
Auto. Washing Machine: ☑ Yes ☐ No

Other

Comments

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: date

Installed by: Thurman Ross

Certificate of Completion by: Working Sparks RS. date 1/25/94

Operation Permit by: date

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