IREDELL COUNTY HEALTH DEPARTMENT

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

4657 48 18 37

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

PROPERTY DESCRIPTION NO. 4770 DATE 7/23/97 TAX MAP NO. 4 of 14-A-58 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Randalla Jane Sprinkle PHONE: Business 664-9291 Home 664-9291

ADDRESS 1980 London Rd Mooresville, NC

LOCATION Hwy 21 N of 150 TR on Summerchase LN at end of cul-de-sac towards right.

SUBDIVISION Lee Dickey Sub BLOCK / SECTION ____ LOT 4 LOT AREA 1.17 Acre SITE CLASS. P.S. DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1200 Gallons; STB 794 Date 12/5/98

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 460'

No Lines 7 at 57' Trench Width 36" Max Trench Bottom Depth 32"

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

System Description: Gravity Conventional

Repair System Description: Paved Block

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth 12" ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ~~See comments~~

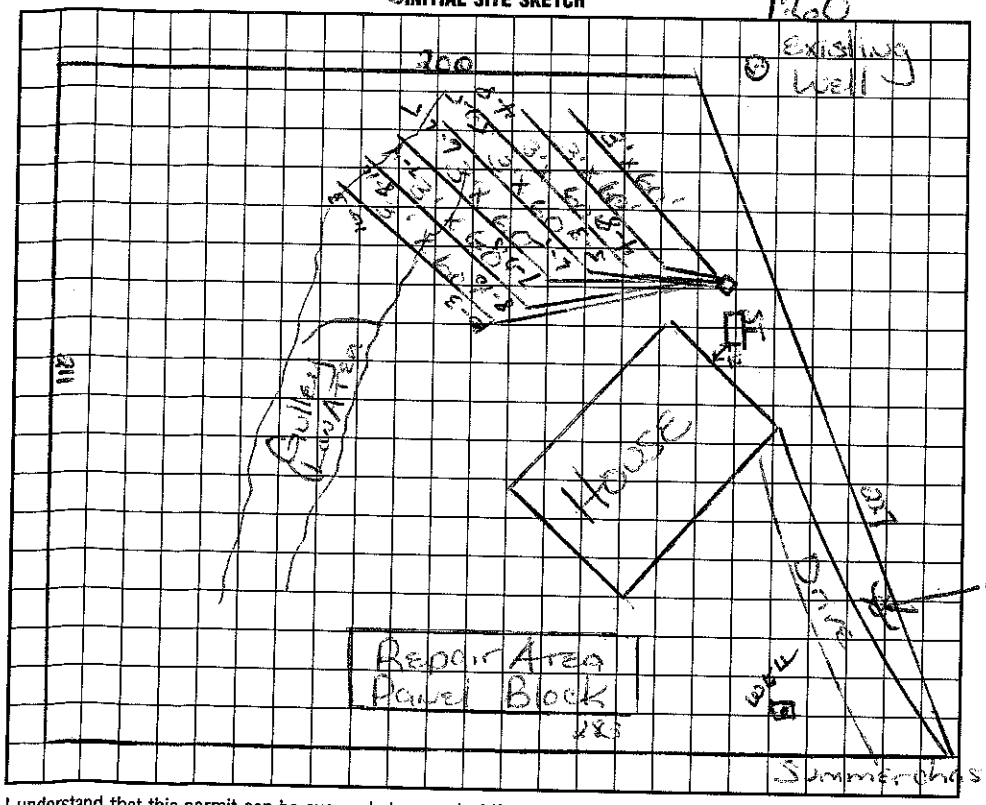
Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: Applicant prefers to used Grinder pump for basement plumbing. Must keep system at least 50' from any well. System could be changed to 4 Bedroom - Plastic Chamber

Comments: 457 7 399

INITIAL SITE SKETCH

1:60



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: Jayne E. Sprinkle

Improvement Permit by: Marion H. H. Dotson date 7/23/97

Existing System Inspection by: Marion H. H. Dotson date 7/23/97

Installed by: Iron Horse Grading

Certificate of Completion by: J M Morgan date 2/12/99

Operation Permit by: ____ date ____

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

Construction Auth.