4657 794189

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. ~~IMA 81~~ 3264 DATE 4/13/95 TAX MAP NO. 1MA81A Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Darrell Stevens PHONE: Business _____ Home 664-7583

ADDRESS 318 Rinehart Mooresville, NC. 28115

LOCATION on (L) just before Ketchenbers

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

Septic Tank: Exist'g Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 ~~Square Feet~~ Exist'g System 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: Existing

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

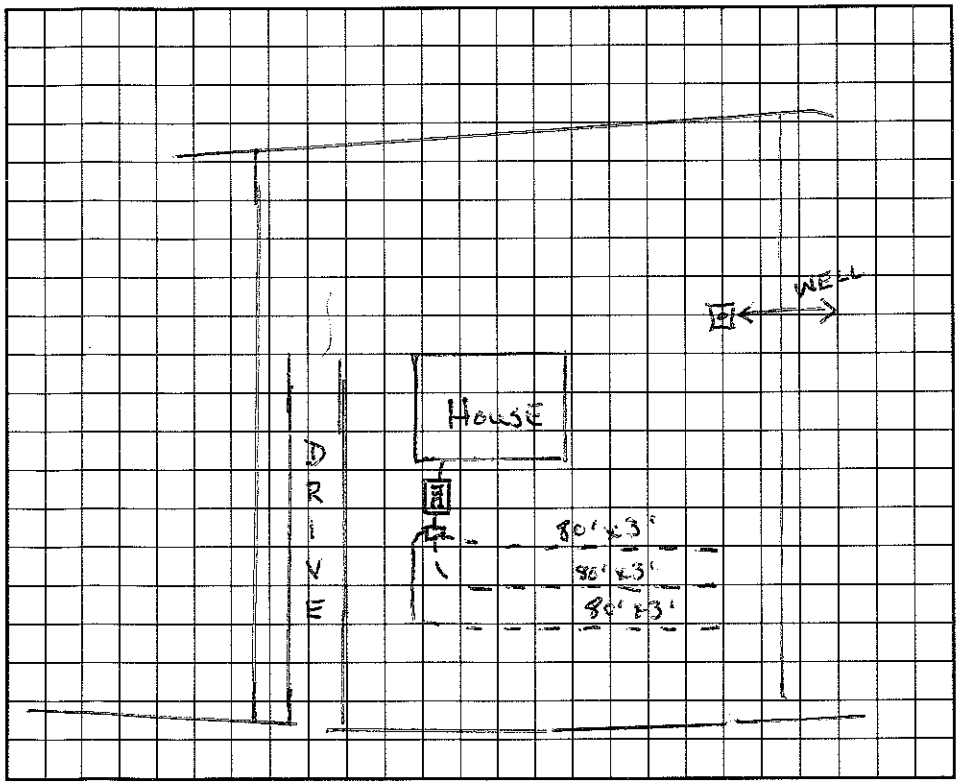
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: Wesley Sparks RS. date 4/13/95

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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