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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 October 9, '95 TAX MAP NO. _____ Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Gerald Robbins PHONE: Business _____ Home _____

ADDRESS 170 Cornelius Rd., Mooresville

LOCATION Hwy 21 N Th Cornelius Rd. ~ ¼ mile on Right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1 Act+ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. .5

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 HEX Square Feet 600 Linear Feet 200

No Lines 3@67' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: _____

Repair System Description: BRUSH to conv. Lines

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

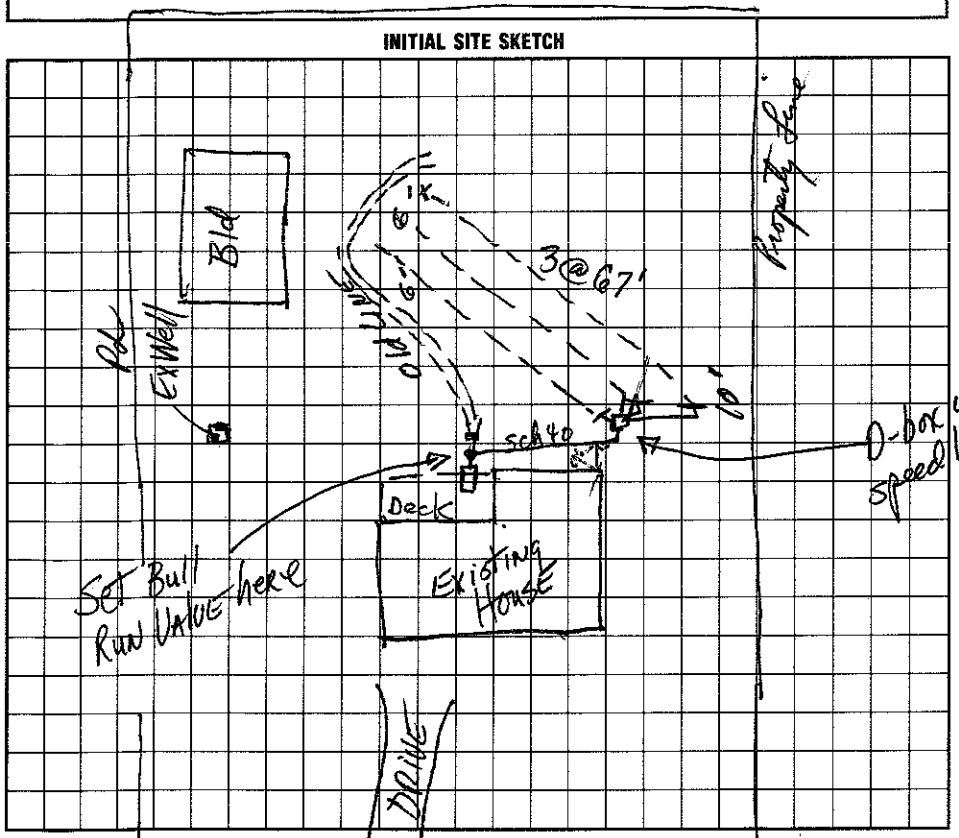
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Check tank for "Tee"

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.

Signed: Gerald Robbins

Installed by: Tim Ammons

Improvement Permit by: D.R. Johnson date 10/9/95

Existing System Inspection by: D.R. Johnson date 10/9/95

~~Certificate of Completion by:~~ _____ date _____

Operation Permit by: Wesley Sparks R.S. date 10/26/95

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