IREDELL COUNTY HEALTH DEPARTMENT

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

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

↗ AUTHORIZATION TO CONSTRUCT (9:30)

PROPERTY DESCRIPTION NO. 26278 DATE 4/3/97 TAX MAP NO. 4658472700

OWNER OR CONTRACTOR STEPHEN ALEXADER PHONE: Business _____ Home 664-4638 Watershed: ☑ Yes ☐ No

ADDRESS 397 SHEPHED RD. MOORESVILLE, NC 28115

LOCATION ~~[illegible]~~ 21 N - TL BAILEY RD - 0 TL TOUCAN RD. NEAR END ON RT.

SUBDIVISION FARMDALE BLOCK / SECTION II LOT 13 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. 1.36 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 4/2/97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 @ 80' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth N/A

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

System Description: GRAVITY CONVENTIONAL

Repair System Description: PUMP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ 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:

The proposed / existing DECK / MOTTURS addition does not appear to impact the existing septic system.

**NOTE: MUST BE MIN 5' FROM SEPTIC TANK

POSTS

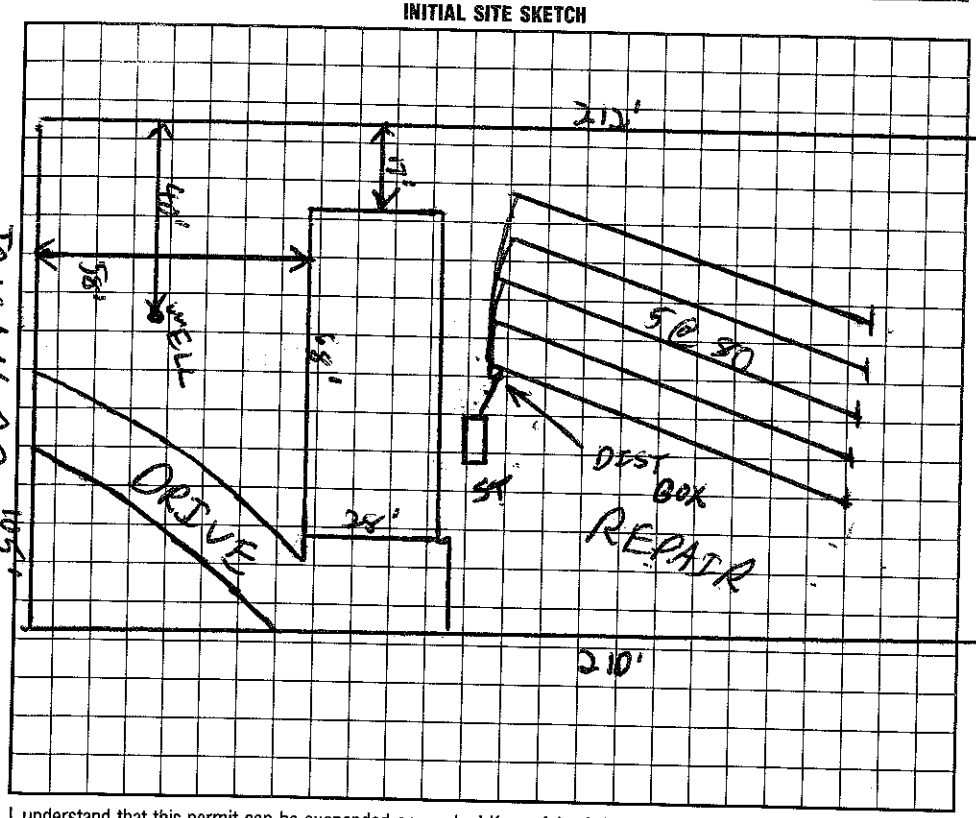
SEE ATTACHED PLAN

I.S.A. OPS R.S.

Date: 07-2-12

ICHD-Environmental Health Division

INITIAL SITE SKETCH



Sure as Site 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: Stephen A. Alexander

Improvement Permit by: C. Ray Green date 4/3/97

AUTHORIZATION TO CONSTRUCT Existing System Inspection by: C. Ray Green date 4/3/97

Installed by: LARRY BEAM

Certificate of Completion by: _____ date _____

Operation Permit by: C. Ray Green date 6/25/97

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