4658537856

# 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. 066527 DATE 7/7/97 TAX MAP NO. 6558537856 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Sylvia Jean Brawley Lilly PHONE: Business 664-4701 (H) Home (704) 664-3705 wk

ADDRESS P.O. Box 823 Mooresville, NC 28115

LOCATION 21 N. TR Laura (1389)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .25 SITE CLASS. _____ DESIGN FLOW 360gpd L.T.A.R. _____

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1750 Linear Feet 250'

No Lines _____ Trench Width Existing Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Grav-Conv-Bed

Repair System Description: Existing

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

☐ Other _____

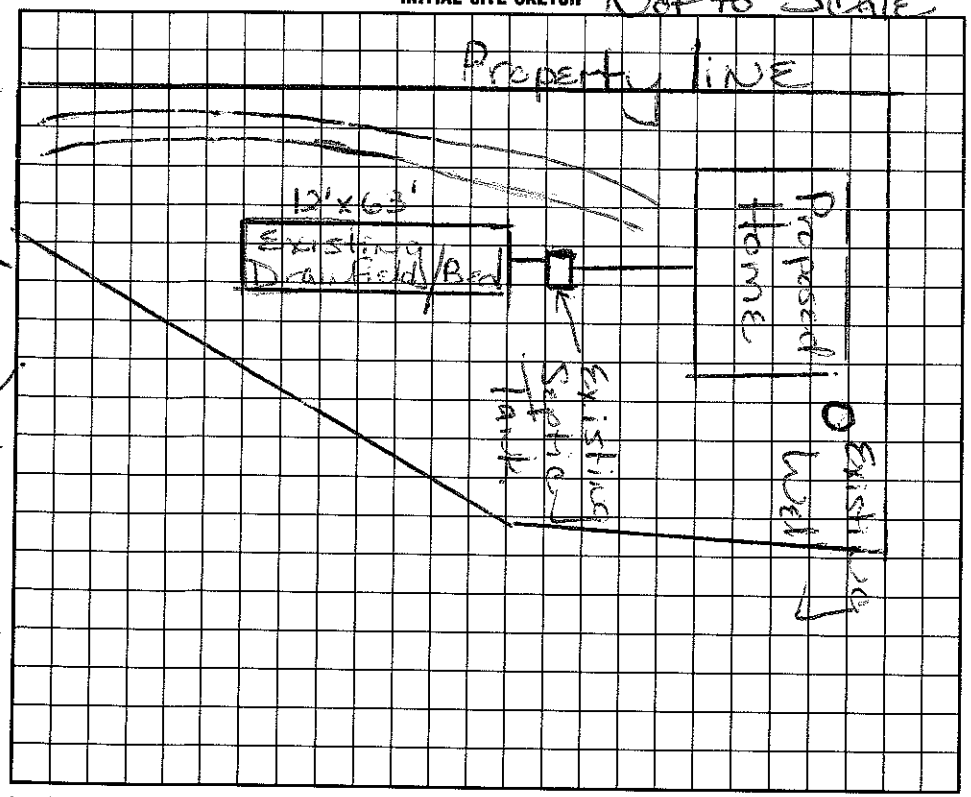
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

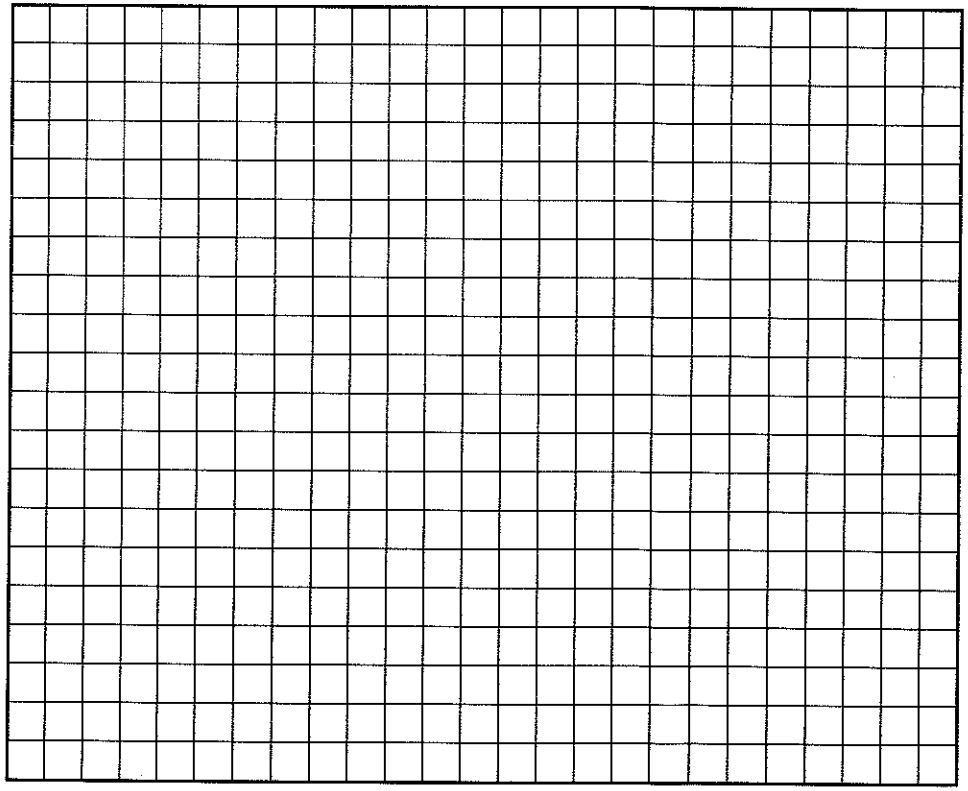
Comments: Existing system appears to be functioning properly at time of inspection. No problems visible at this time.

Comments: System sized okay for 3 bedrooms (Installed 7/30/80)

INITIAL SITE SKETCH Not to Scale




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: X Brenda M. Lilly

Improvement Permit by: Maria H. H. Johnson date 7/7/97

Existing System Inspection by: Maria H. H. Johnson date 7/7/97

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