4658 54 9524

10:00-10:15

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. N/A - Repair DATE 5/20/97 TAX MAP NO. _____ Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Samuel & Jeanette Boyd PHONE: Business _____ Home 663-4883

ADDRESS 2129 Charlotte Hwy Mooresville, NC

LOCATION 21 N. just North of Amoco Station across from Larry's Fish Camp

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PSJ DESIGN FLOW 315gpd L.T.A.R. .3+

Septic Tank: 1000 Gallons; STB 794 Date 5/5/97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 900' Linear Feet 300'

No Lines 6 - 50'ea Trench Width 3' Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: _____

Repair System Description: Plastic Chamber

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Bathrooms 2 No. Employees ____

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

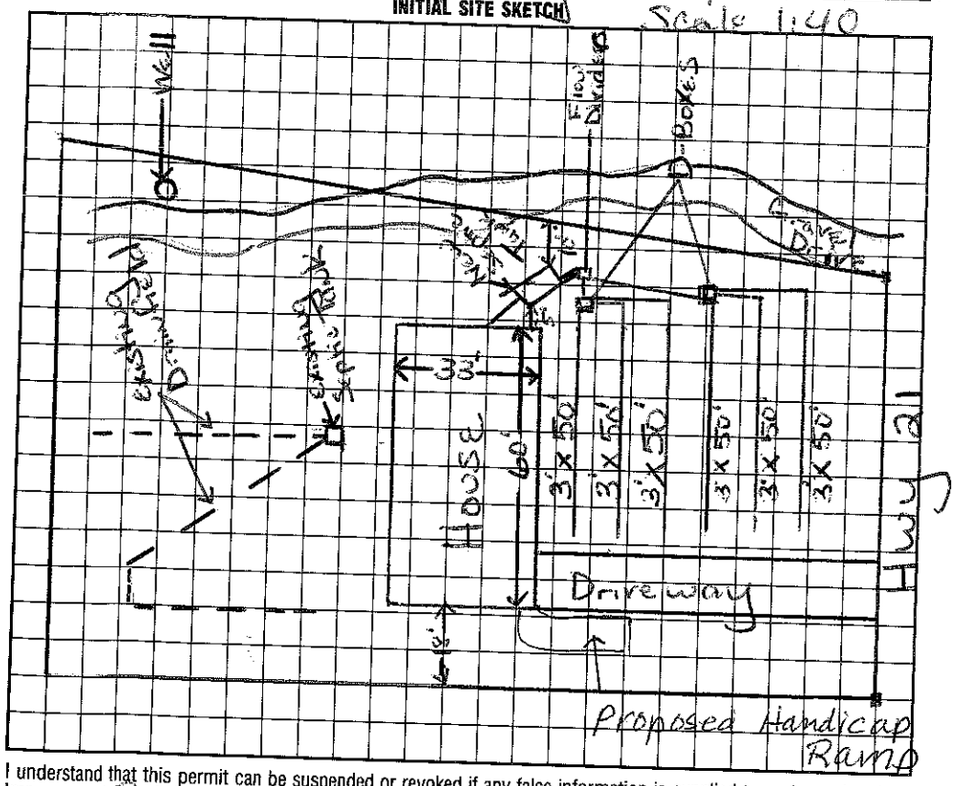
Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: Design Flow calculated for 2 Bedrooms + 75gpd for Day Care Children.

Keep drain lines 10' from property lines, Septic tank 5' from

Comments: House @ 10' from Property line

INITIAL SITE SKETCH Scale 1:40



AS BUILT SKETCH

See as Sketch

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

**NOTE: _____

Andy Mulvilly R.S.

Date: 11-21-17

ICHD-Environmental Health Division

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: Samuel L Boyd

Improvement Permit by: Maria Dotson date 5/20/97

Existing System Inspection by: Maria Dotson date 5/20/97

Installed by: LARRY BEAM

Certificate of Completion by: _____ date _____

Operation Permit by: C Mc Tarr date 9/17/97

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