4658563058

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTIO

PROPERTY DESCRIPTION NO. 22323 DATE Oct. 16, 95 TAX MAP NO. 1M13A2 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR A.P. Brown PHONE: Business Home 892-3385

ADDRESS 442 Midway Lake Rd, Mooresville

LOCATION Hwy 21 N. & R Bailey Rd - ~ ¼ mile on left

SUBDIVISION Green Meadows BLOCK / SECTION LOT 2 LOT AREA SITE CLASS. DESIGN FLOW 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 Linear Feet

No Lines Existing Trench Width Max Trench Bottom Depth Gravel Depth

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

System Description:

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees

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

Water Supply: ☑ Individual ☐ Community ☐ Public

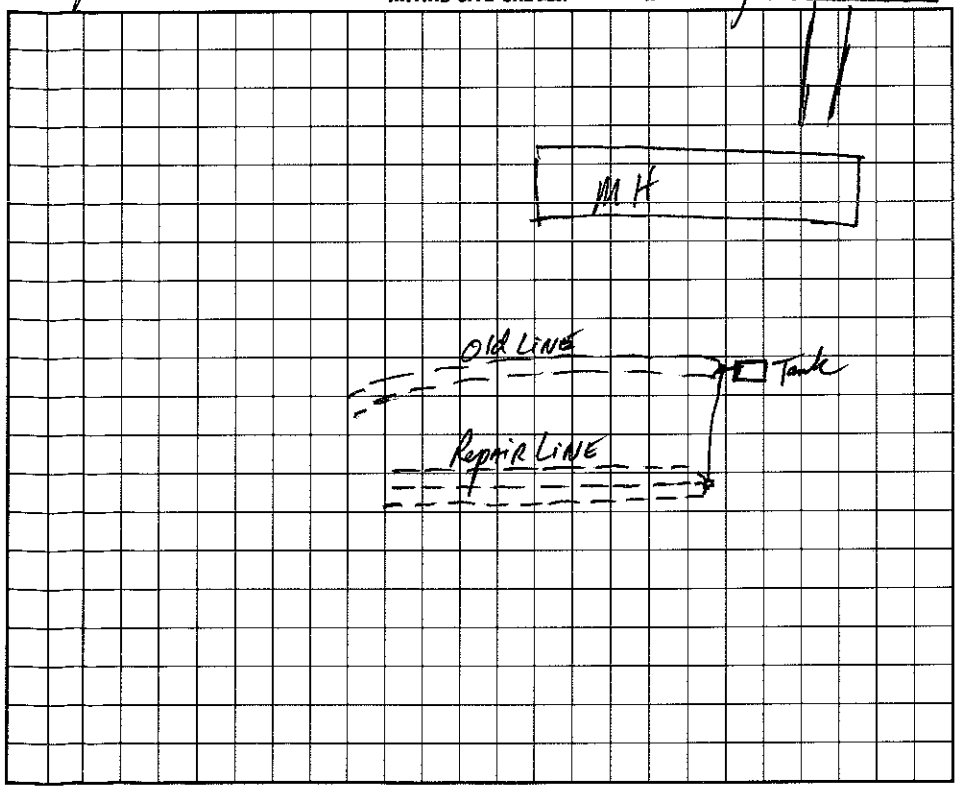
Comments:

Existing system indicating no sign of malfunction

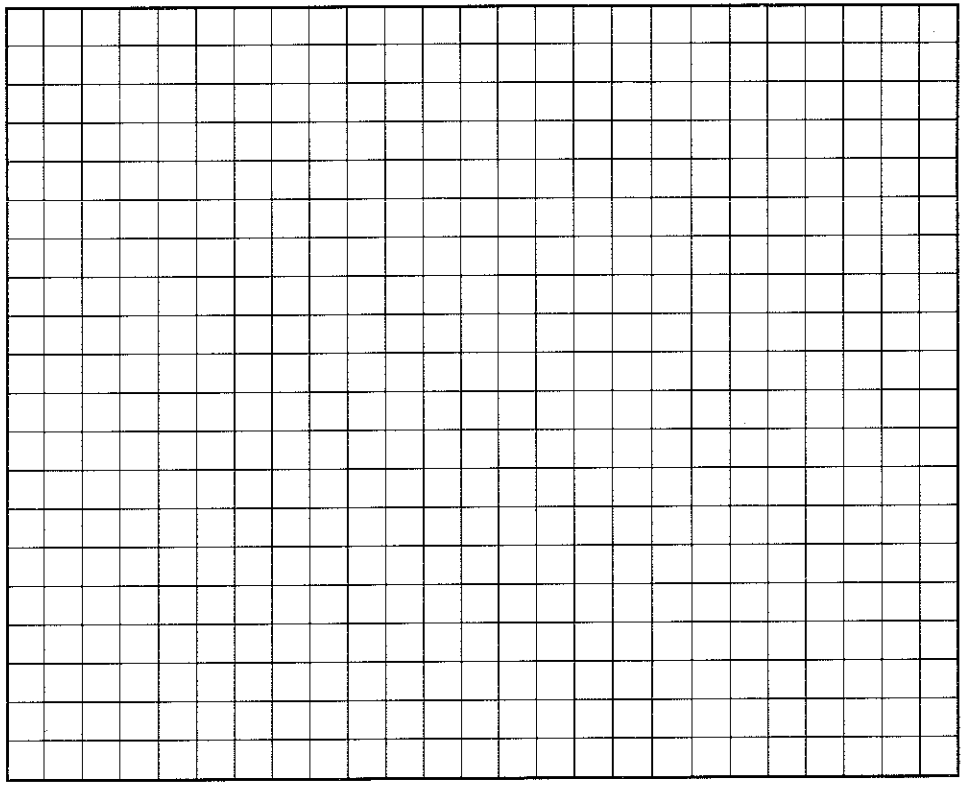
replacing mobile home

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:

Improvement Permit by: date

Existing System Inspection by: J.R. Jenkins, RS date 10/16/95

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

IREDELL COUNTY HEALTH DEPARTMENT

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

4:00 pm

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

PROPERTY DESCRIPTION NO. Repair DATE 4/5/95 TAX MAP NO. Repair Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Audrey Brown PHONE: Business _____ Home _____

ADDRESS Box 442 Midway Lake Rd. Mooresville, NC. 28115

LOCATION Barium Rd ~ .3 mile on (L) behind trailers along the road

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

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: 0 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 700 Linear Feet 210

No Lines 3 Trench Width 10' Max Trench Bottom Depth 36" Gravel Depth 12-14"

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

System Description: Conv - Bed

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

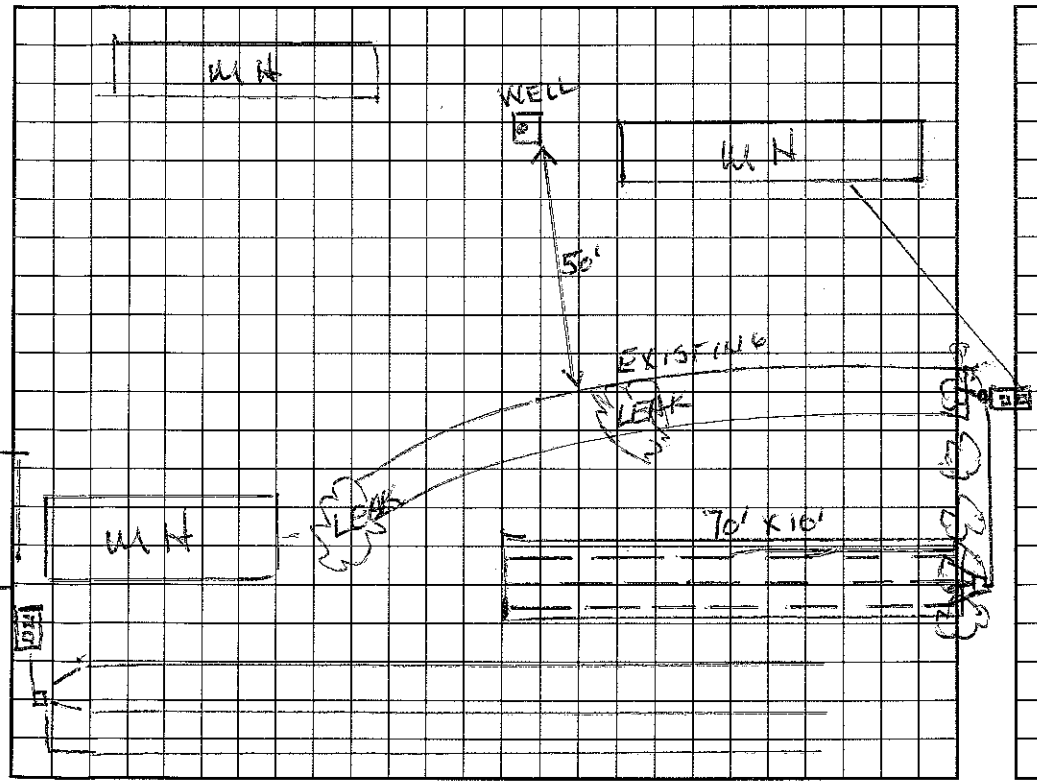
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Community
☐ Public

Comments:

Comments: Installed as shown

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: Wesley Sparks R.S. date 4/5/95

Existing System Inspection by: _____ date _____

Installed by: J R Bowley

Certificate of Completion by: _____ date 5/26/95

Operation Permit by: _____ date _____

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