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. 2665 DATE 3/14/96 TAX MAP NO. 1M-4-C9-A

OWNER OR CONTRACTOR Tony Moose PHONE: Business Home 664-5470 Watershed: ☐ Yes ☑ No

ADDRESS 2050 Charlotte Hwy Mooresville NC 28115

LOCATION 21N - TL Bailey Rd - Mooresville corner of 21N & Bailey Rd

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 2 ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. as built

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

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

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

System Description: Gravity Conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

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

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

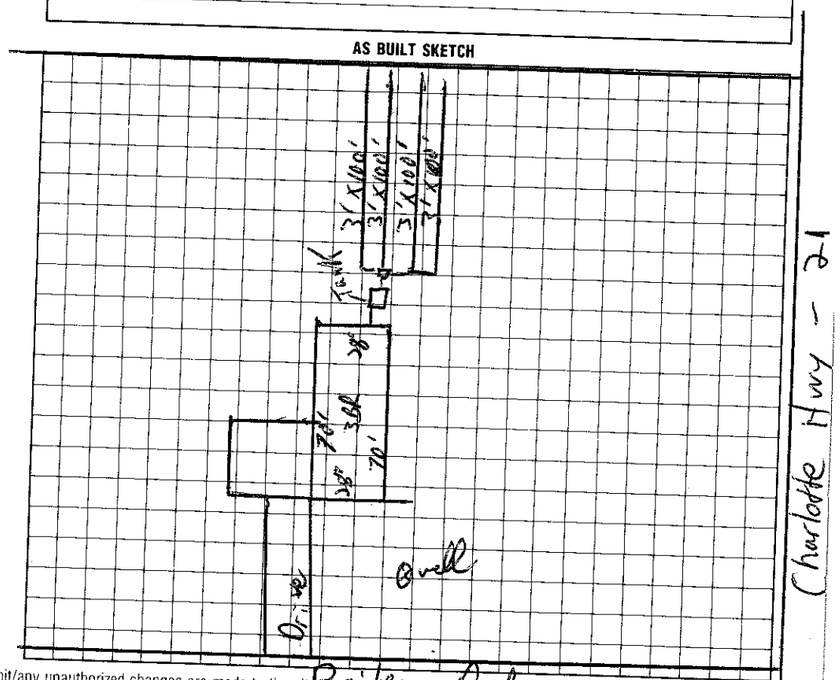
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

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: X Arlene Moose

Improvement Permit by: ____ date ____

Existing System Inspection by: ____ date ____

Installed by: As built

Certificate of Completion by: ____ date ____

Operation Permit by: C Brady Stevens REHS date 3/14/96

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