4658 82 8689

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. _____ DATE Dec 18, '95 TAX MAP NO. _____ Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Jonathan & Gina Bruce PHONE: Business _____ Home _____

ADDRESS 124 Clark Branch Lane, Mooresville

LOCATION 115 N TL Clark Branch Lane (just before jct w/ Magaspa Rd) on Right in curve

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2 ± Ac SITE CLASS. _____ DESIGN FLOW 360 gpd L.T.A.R. 2.35

Septic Tank: ~~X~~ 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 3@120' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: _____

Repair System Description: gravity conventional

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1-2

☐ Business No. Employees _____

☐ Other _____

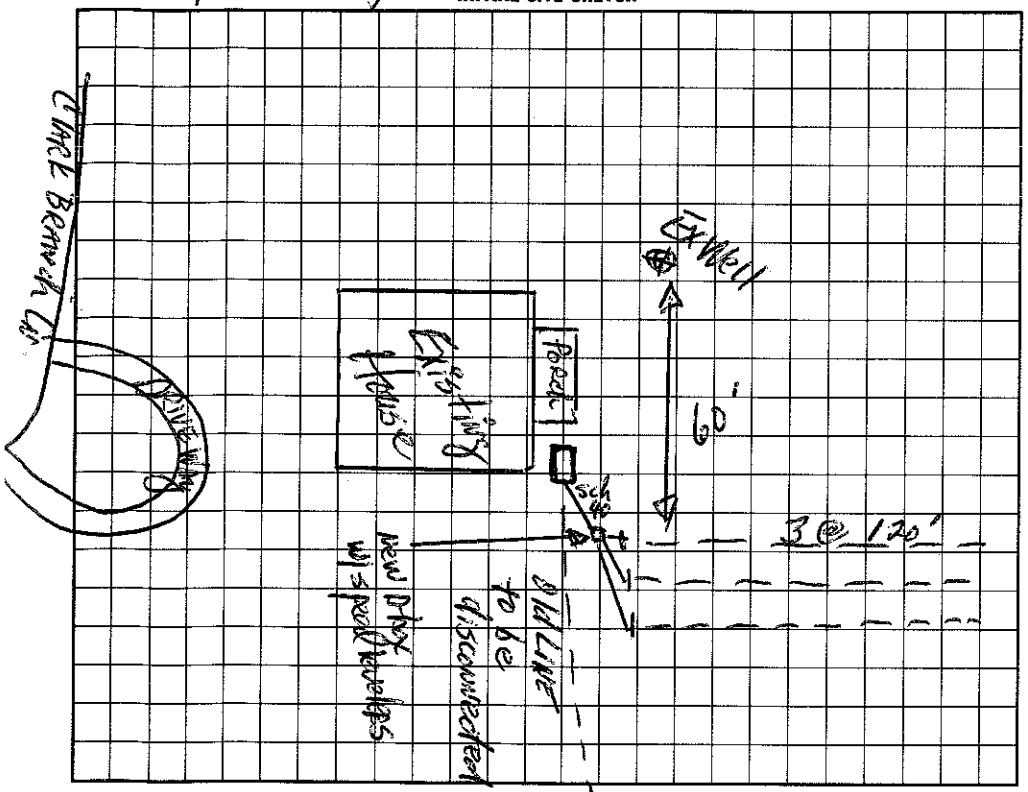
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: *Pump existing tank and check for cracks, bulges, etc; Replace w/ precast 1000 gal tank if needed; Disconnect old line; Replace "tee" if necessary; USE sch 40 to new D-box.

Comments: 1/11/96 Everything but Dist Box approved - grout would not dry so he could water level D/B Aws

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: D R Hamm, RS date 12-18-95

Existing System Inspection by: D R Hamm, RS date 12-18-95

Authorization to Construct

Installed by: Norman Roach

Certificate of Completion by: Wesley Sparks R.S. date 1/16/96

Operation Permit by: Wesley Sparks R.S. date 1/16/96

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