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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. 067421 DATE 7/9/97 TAX MAP NO. 4638476528 Watershed: X Yes ☐ No

OWNER OR CONTRACTOR Robert Stamey PHONE: Business 938-3161 Home 425-8117

ADDRESS 114 Kyle Ln. Mooresville, NC 28115

LOCATION Perth Rd TR Collingswood TL Folkstone TR Kyle TR

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

Septic Tank: 1000 Gallons; STB Existing Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet 625 Linear Feet 250

No Lines 3 Trench Width 7.5 ft Max Trench Bottom Depth _____ Gravel Depth 10"

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

System Description: Grav. Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

X House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

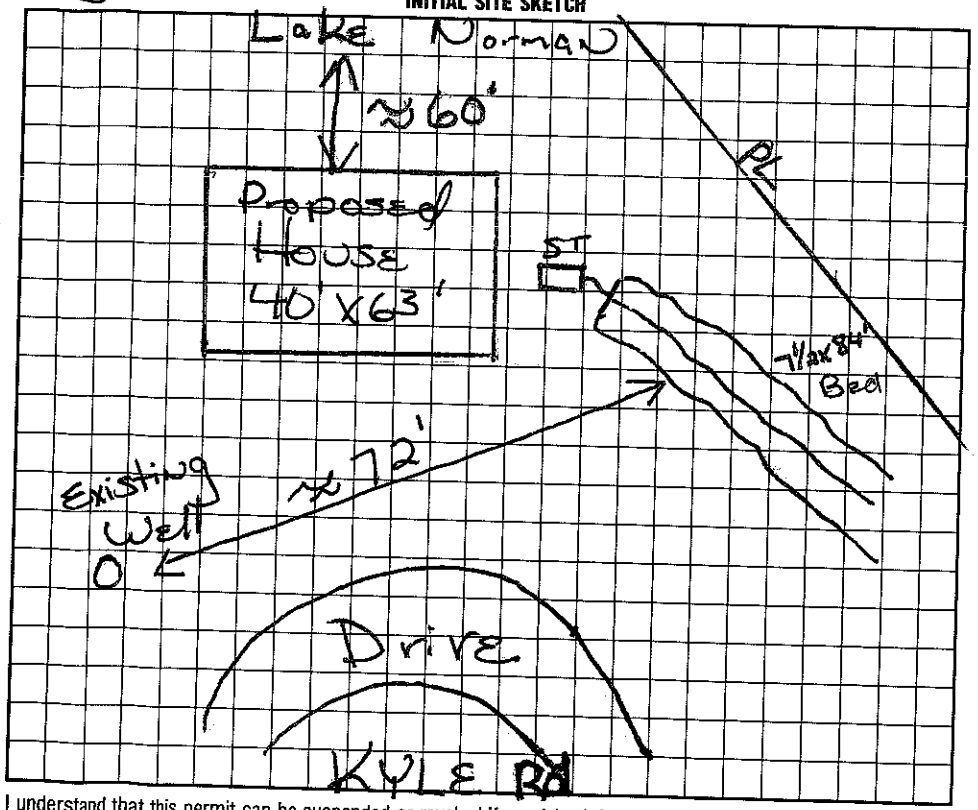
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Community ☐ Public

Comments: System (Septic) appears to be functioning okay at time of inspection, however Septic drainfield is overgrown with vegetation & needs to be cut.

Comments: Original System installed 2/6/76 by Rawan Septic under Jimmy Roger.

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: Maria H.H. Dotson date 7/10/97

Existing System Inspection by: Maria H.H. Dotson date 7/10/97

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