4659163649

# 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. 2491 DATE May 8, '97 TAX MAP NO. part of 4EA12 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Smith Dev. Co. PHONE: Business _____ Home _____

ADDRESS 142 Stutts Rd, Mooresville

LOCATION 115-21 N. TL Sailwinder TL Regatta on Right @ cul-de-sac

SUBDIVISION Windward Pointe BLOCK / SECTION _____ LOT 62 LOT AREA .65Ac SITE CLASS. PS pr.156 DESIGN FLOW 360gpd L.T.A.R. -3

Septic Tank: 1000 Gallons; STB 821 Date 4/11/97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3+3 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth NA

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

System Description: gravity chambered

Repair System Description: pumped panel block

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

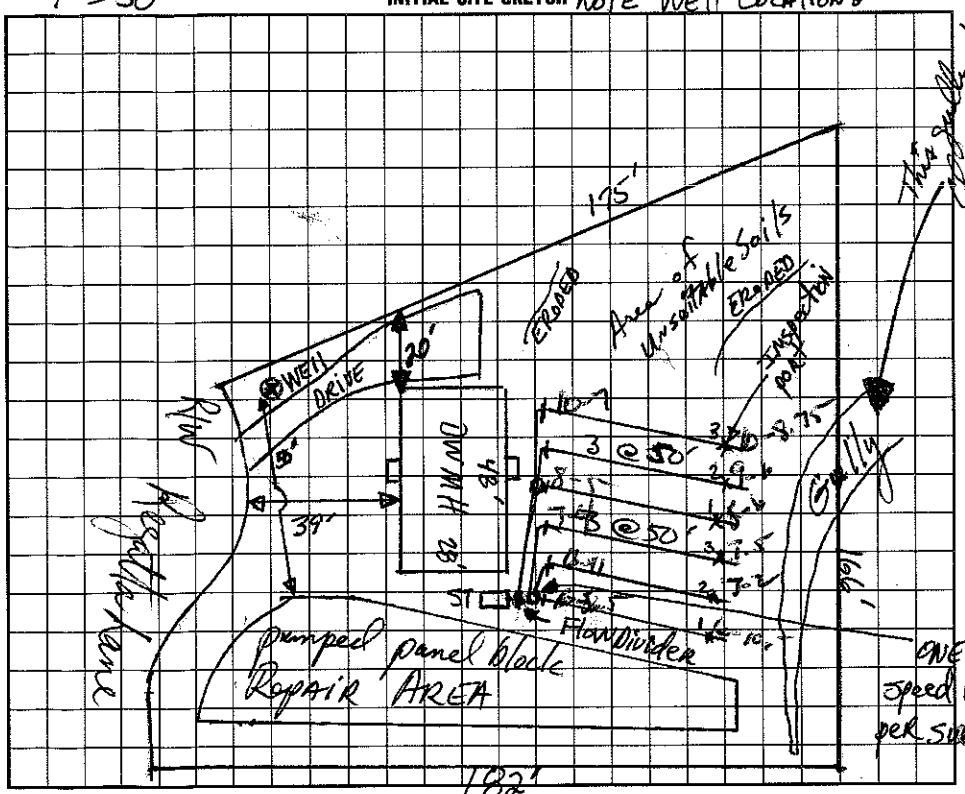
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Do NOT cut/grade soil at upper end of mobile home next to designated septic system repair area. Gully at rear to have organic debris removed and filled w/ "clean" clay/clay loam soil. Install ONE inspection port per lateral.

Comments: shallow bedrock encountered on Northern Corner

1"=50'

INITIAL SITE SKETCH NOTE WELL Location!




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: _____ date 5/8/97

~~Existing system~~ Construction Inspection by: _____ date 5/8/97

Authorization

Installed by: D+M Enterprises

Certificate of Completion by: Wesley Sparks RS date 5/15/97

Operation Permit by: Wesley Sparks RS. date 5/15/97

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