3,730

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. 23252 DATE MARCH 28, '96 TAX MAP NO. part of IRZA2 4659215941 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Jeffrey L. Tutino PHONE: Business _____ Home _____

ADDRESS 646 Beaten Path Rd., Mooresville

LOCATION 115-21 N. TL Barfield Rd ~ 1/4-1/2 mile on Right 204 Barfield

SUBDIVISION Parkes Cornelius prop BLOCK / SECTION _____ LOT 2A LOT AREA 200'x175' SITE CLASS PS per 1996 DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 714 Date 7/25/96

Pump Tank: 1000 Gallons; PT ~~217~~ Date 5/1/96

Pump Make: LE61A Model _____ Serial No. 5195

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

No Lines ~~3~~ Trench Width 36" Max Trench Bottom Depth ± 30" Gravel Depth NA

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

System Description: pumped - PM - chambered

Repair System Description: Same

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

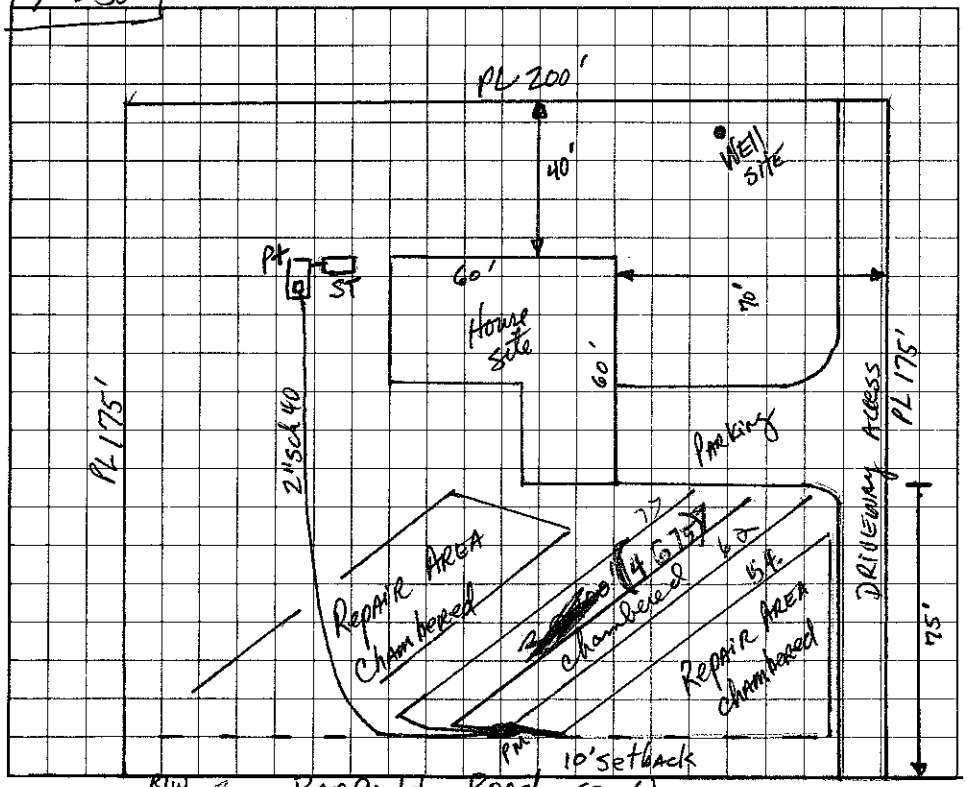
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: (4 @ 75')

Comments:

1"=50'

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: _____, RS date 3-28-96

~~Existing System Inspection by:~~ CONSTRUCTION AUTHORIZATION _____, RS date 3-28-96

Installed by: ORBISON

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