IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

4659246918

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. NA DATE 4-15-93 TAX MAP NO. NA

OWNER OR CONTRACTOR HERMAN BRINKLEY PHONE: Business — Home 528 4699 ?

ADDRESS Rt 5 BOX 786 Mooresville NC 28115

LOCATION On West side of Hwy 115 ½ mile N of Parkertown RD (6th Hse North of Parkertown Rd)

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA — SITE CLASS. P L.T.A.R. 0.25-0.3

Water Supply: ☒ Individual ☐ Community ☐ Public

Septic Tank EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

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

No Lines 3 Trench Width 36" Trench Depth 24" Gravel Depth 12"

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

System Description: _____

Repair System Description GRAV. CONVENTIONAL

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms _____ No. Bathrooms _____ No. Employees _____

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

Garbage Disposal: ☐ Yes ☐ No

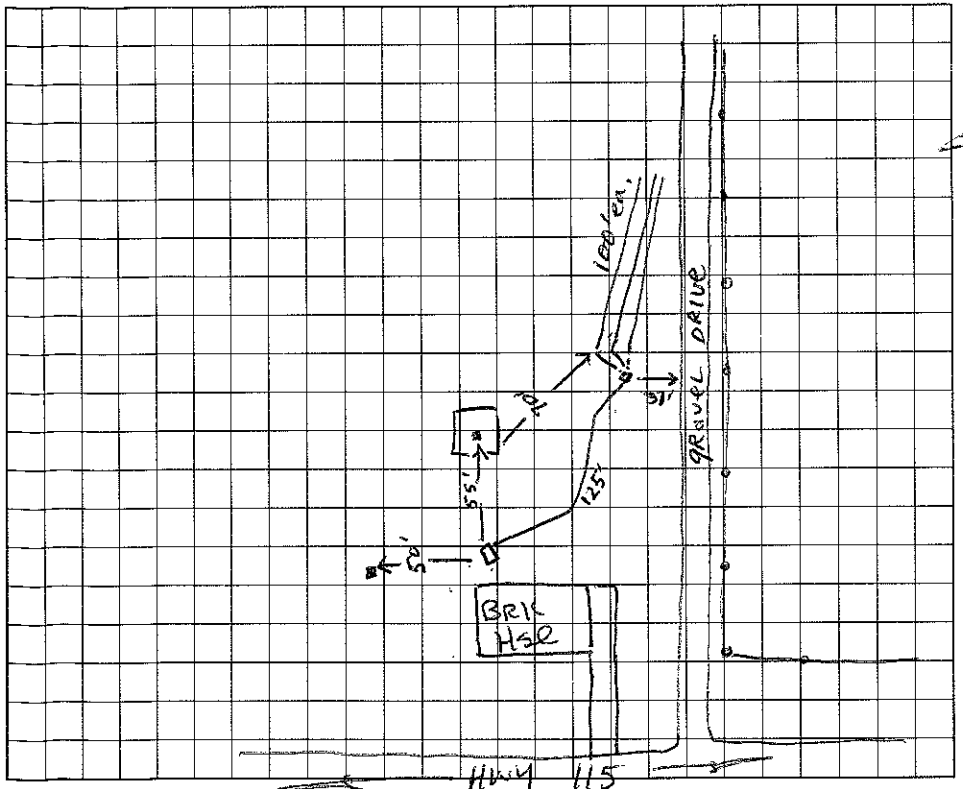
Auto. Dishwasher: ☐ Yes ☐ No

Auto. Washing Machine: ☒ Yes ☐ No

Other _____

Comments Replumb washing machine into septic tank, plumb all wastewater from hse into septic tank. Pump tank, inspect condition; make repairs/replace as necessary. Do Not install during wet soil conditions or rainy weather. Add diversion valve w/ sch 40 PVC access pipe w/ threaded cap, at or above grade. Install on grade - Max 24" trench bottom depth.

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: Andrea Lemon date 4-15-93

Existing System Inspection by: _____ date _____

Installed by: Barry Sigmon

Certificate of Completion by: Andrea Lemon 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