4659 31 6516

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. Repair DATE 6/23/95 TAX MAP NO. N/A Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Lloyd Smith PHONE: Business _____ Home _____

ADDRESS 117 Lawnhaven Dr. Mooresville, NC. 28115

LOCATION 115 N to Benfield to 1st gravel, 2nd on (L)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~1.1 AC SITE CLASS. T DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: 1000 Gallons; STB 1012 Date 7/14/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: CONVENTIONAL - D/B

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

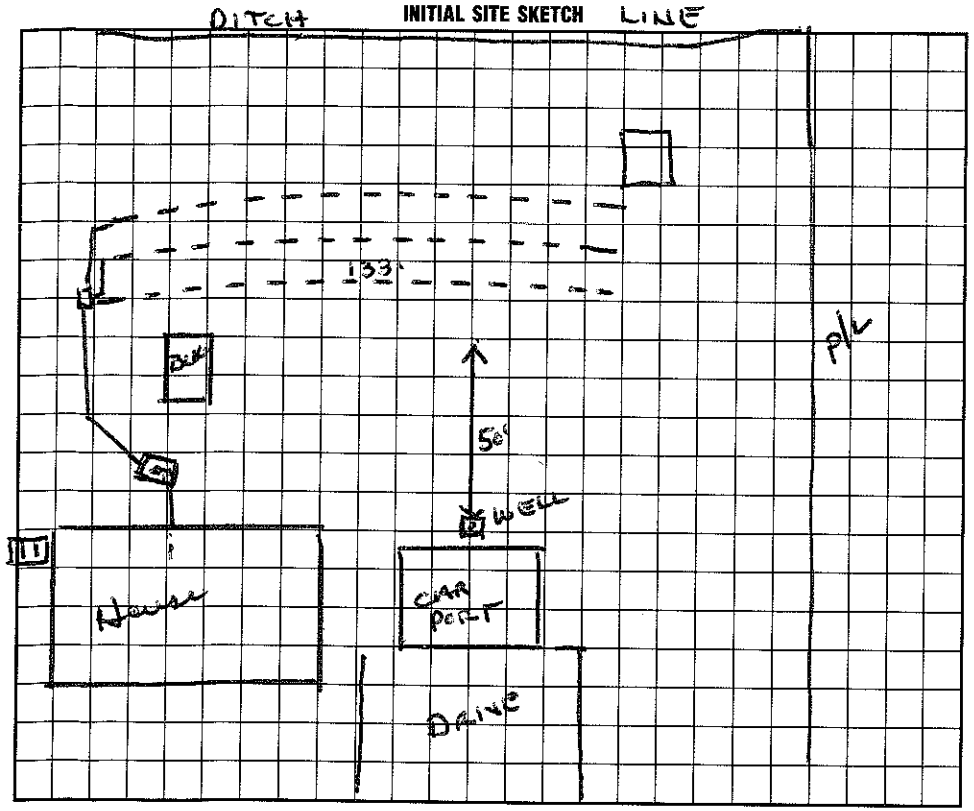
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments:

Comments:

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: Wesley Sparks RS. date 6/23/95

Existing System Inspection by: _____ date _____

Installed by: Forest Shuford

Certificate of Completion by: Wesley Sparks RS. date 9/15/95

Operation Permit by: _____ date _____

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