IREDELL COUNTY HEALTH DEPARTMENT

4659751297

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

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

PROPERTY DESCRIPTION NO. 22278 DATE 11/9/95 TAX MAP NO. 40-1-A-4 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Frank + Grace Stiles PHONE: Business _____ Home 663-4613

ADDRESS 119 Stafford. Mooresville, NC. 28115

LOCATION Shepard Rd. TL on Stafford to 3rd MH on (L)

SUBDIVISION Shepherdfield BLOCK / SECTION _____ LOT 4 LOT AREA ~1.07 SITE CLASS. 25 DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date WELL

Pump Make: _____ Model _____ Serial No. [illegible]

Nitrification Field: No Fields 1 Square Feet 345 Linear Feet 115

No Lines 1 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Additional to house

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Bathrooms 3 No. Employees _____

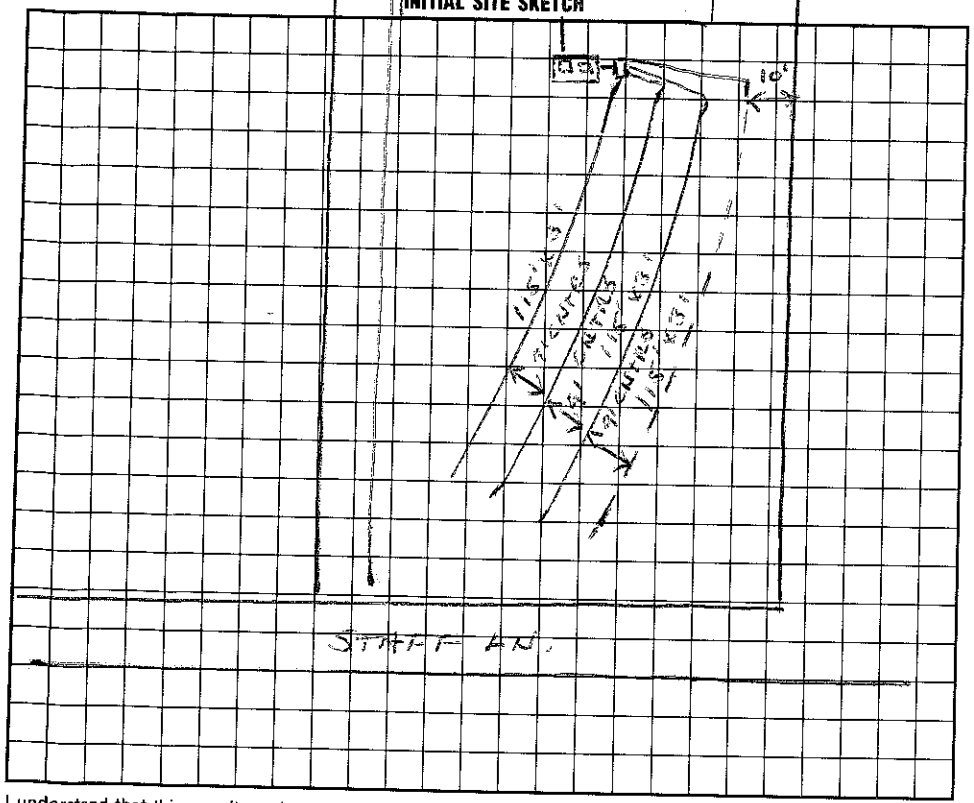
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments:

ADDITION

INITIAL SITE SKETCH



Comments:

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: Wesley Sparks RS. date 11/9/95

Existing System Inspection by: Wesley Sparks RS. date 11/9/95

Installed by: Frank Stiles

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks RS. date 1/25/96

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