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. 16541 DATE 6/22/93 TAX MAP NO. 10 5 A 7

OWNER OR CONTRACTOR KIMBERLY ANN GILLESPIE PHONE: Business _____ Home 663-4101

ADDRESS R+S Box 630-12 MOORESVILLE, NC.

LOCATION SHEPARDSVALLEY RD. TO 1ST TRAILER ON (R)

SUBDIVISION SHEPARDSVALLEY BLOCK / SECTION _____ LOT 9 LOT AREA ~20,000 FT² SITE CLASS. P L.T.A.R. .25

Water Supply: ☐ Individual ☑ Community ☐ Public

Septic Tank: 1000 Gallons; STB _____ Date Existing

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 635 Linear Feet EXISTING

No Lines _____ Trench Width _____ Trench Depth _____ Gravel Depth _____

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

System Description: CONV.

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☐ No

☑ Mobile Home No. Bathrooms 2 Auto. Dishwasher: ☐ Yes ☐ No

☐ Business No. Employees _____ Auto. Washing Machine: ☐ Yes ☐ No

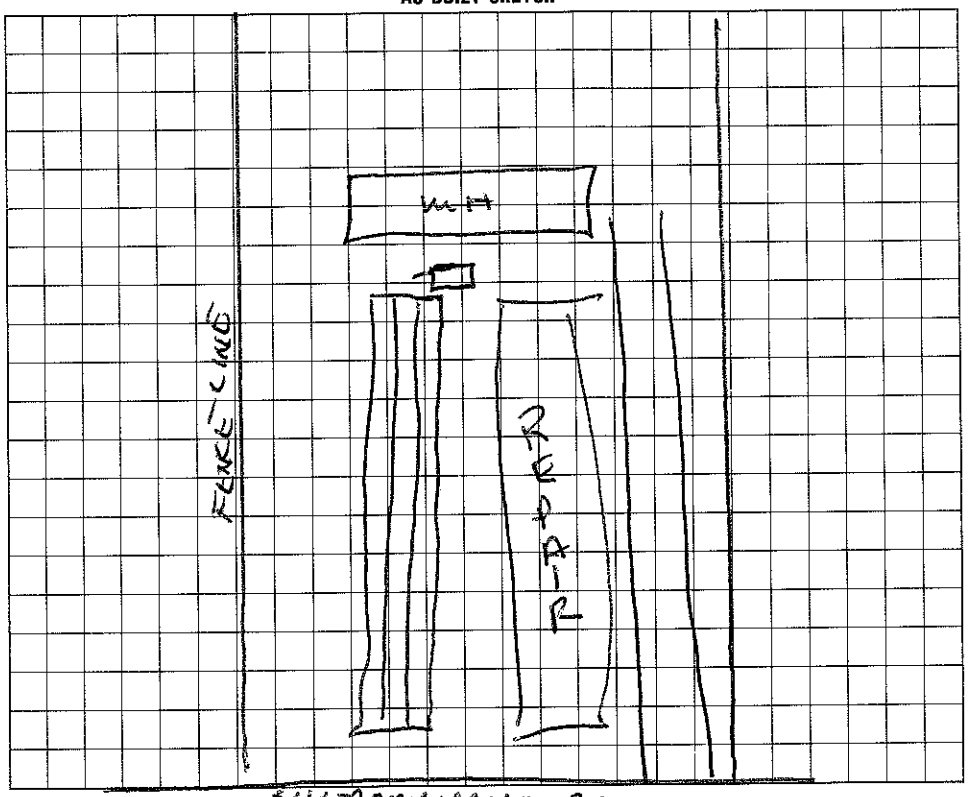
☐ Other _____ Other _____

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

Comments Existing Septam Inspection

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: _____ date _____

Existing System Inspection by: Wesley Sparks RS. date 6/22/93

Installed by: _____

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