IREDELL COUNTY HEALTH DEPARTMENT

4659836208

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

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

PROPERTY DESCRIPTION NO. 20199 DATE 2/2/95 TAX MAP NO. 19 5 A 11

OWNER OR CONTRACTOR Robert Campbell PHONE: Business _____ Home 663-5789 Watershed: ☐ Yes ☒ No

ADDRESS 150 Shepard Valley Rd. Mooresville, NC. 28115

LOCATION Shepard Rd. TR Shepard Valley to next to last trailer on R

SUBDIVISION Shepard Valley BLOCK / SECTION _____ LOT 11 LOT AREA 110 X 200 SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 ~~Square Feet~~ 4 Linear Feet _____

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

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

System Description: Existing

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

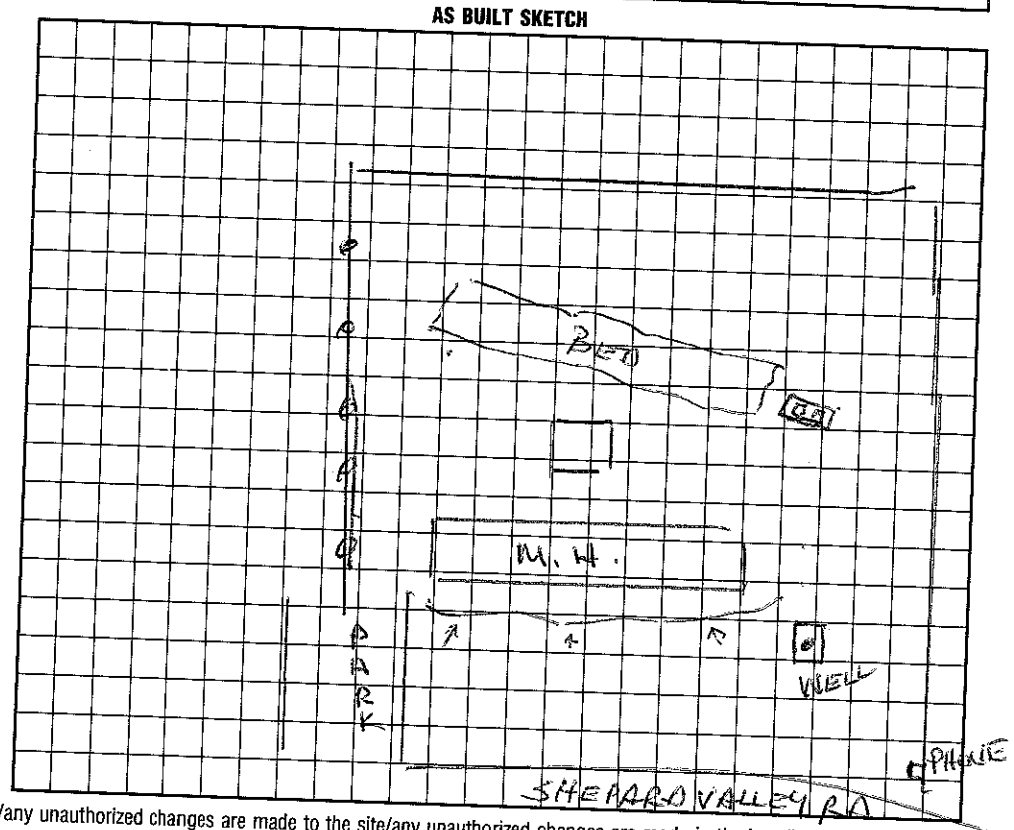
Water Supply: ☒ Individual ☐ Community ☐ Public

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: _____ date _____

Existing System Inspection by: Wesley Sparks R.S. date 2/2/95

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