# 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. 17920 DATE 4/7/94 TAX MAP NO. 1B 2A 21 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Tom Loomis PHONE: Business _____ Home _____

ADDRESS c/o LN Realty Rt 8 Box 409 Mooresville, NC 28115

LOCATION Sheeres Chapel Rd.

SUBDIVISION Belle Vista BLOCK / SECTION _____ LOT 21 LOT AREA 21,724 SITE CLASS. P DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 266

No Lines 4 Trench Width 2' Max Trench Bottom Depth 32" Gravel Depth 6" STONE

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

System Description: 16" PREFAB PANEL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

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

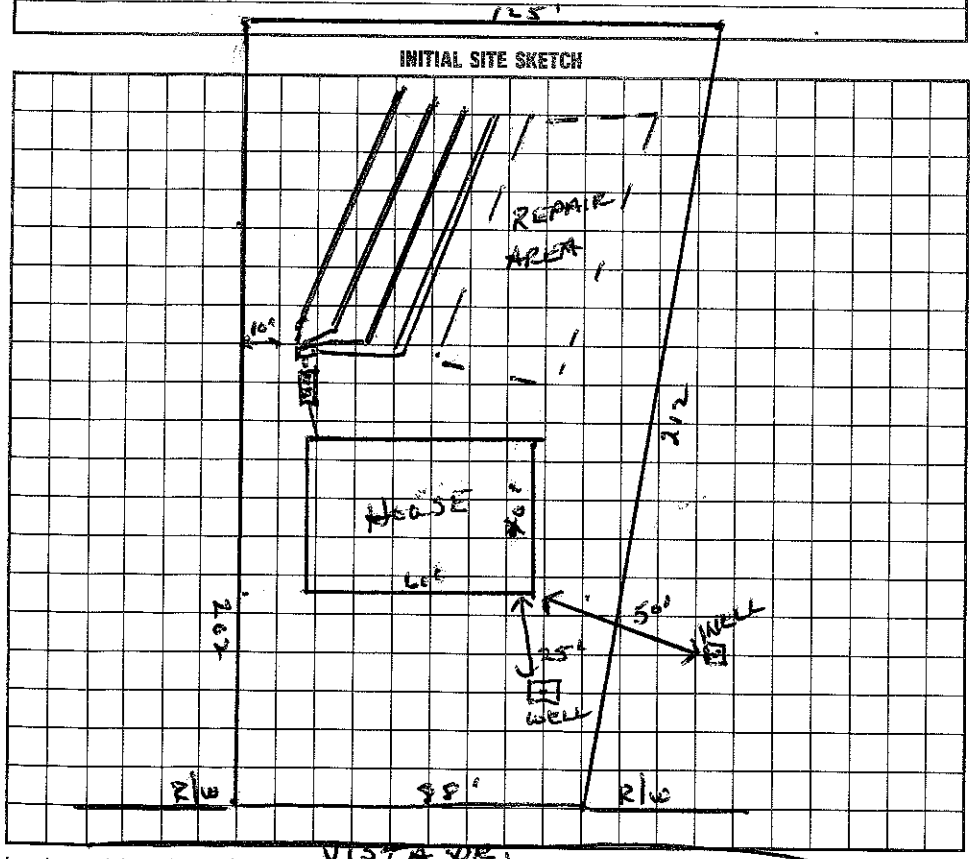
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Keep trenches shallow - 32" MAX. DEPTH

Comments:

INITIAL SITE SKETCH




AS BUILT SKETCH

VOID

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: Gary Templett

Improvement Permit by: Wesley Sparks R.S. date 4/7/94

Existing System Inspection by: _____ date _____

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