PIN # 4664-59-6015

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. 15454 DATE 9/19/96 TAX MAP NO. 1B 2A 16 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Robert E Fiori PHONE: Business _____ Home 896-0658

ADDRESS Vista Dr. Mooresville, NC. 28115

LOCATION Vista Dr., Shearers Rd. TL on Vista Dr. to 7th lot on (L)

SUBDIVISION Bella Blade BLOCK / SECTION 1 LOT 16 LOT AREA 1.27AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000/1000 Gallons; STB 794/794 Date 8/17 8/23/96 ☒ New System ☐ Repair System Type: I, II, (III) IV, V, VI

Pump Tank: _____ Gallons; PT _____ Date _____ System Description: 10" FIBERWRAPPED PIPE

Pump Make: _____ Model _____ Serial No. _____ Repair System Description: SAME

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533 Maintenance Agreement Required: ☐ Yes ☒ No

No Lines 4 Trench Width 24-30 Max Trench Bottom Depth 28-30 Gravel Depth N/A ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement w/o/plumbing

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3.5

☐ Business No. Employees _____

☐ Other _____

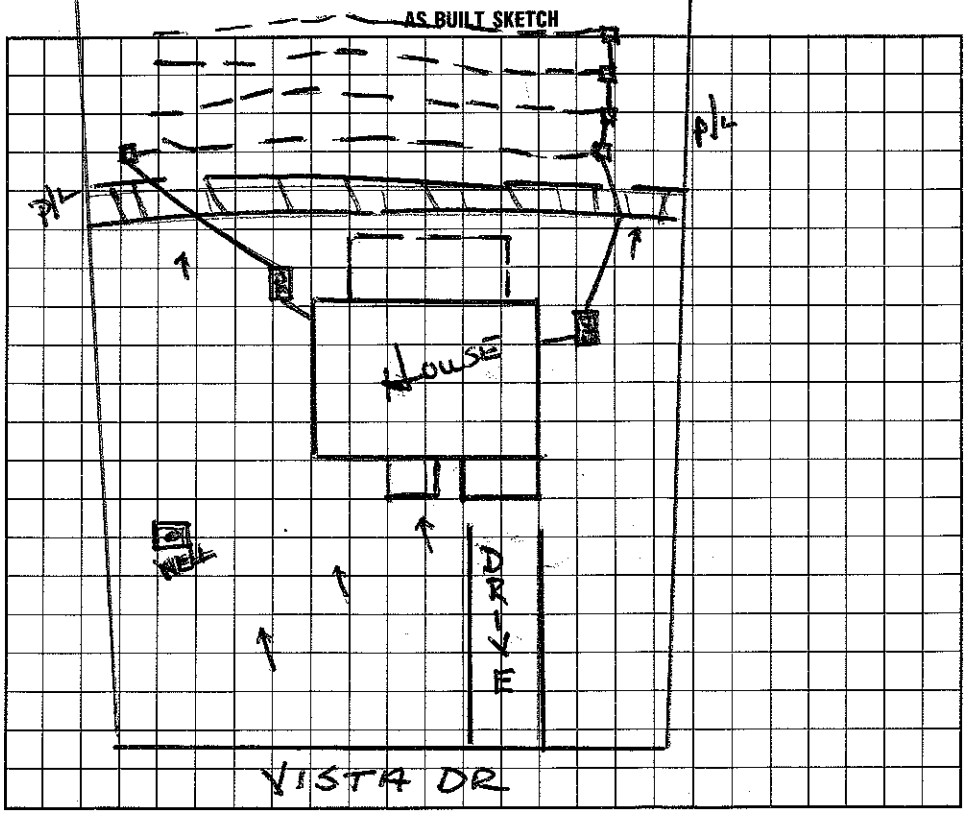
Water Supply: ☒ Individual ☐ Community ☐ Public

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.

Signed: _____ Installed by: Robert Fiori

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

System Inspection by: _____ date _____ Operation Permit by: Wesley Sparks RS, date 9/19/96

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