# 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. 3739 DATE 3/6/96 TAX MAP NO. 1E - A - 15A Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Benny + Donna Brown PHONE: Business _____ Home 663-7955

ADDRESS 269 Kistler Rd, Mooresville, NC 28115

LOCATION I-77 S to Kistler Rd 2.9 miles on L before building company

SUBDIVISION NO BLOCK / SECTION _____ LOT _____ LOT AREA 26.55AC SITE CLASS _____ DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: 1 existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet 40'

No Lines _____ Trench Width 1 foot Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing System

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

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

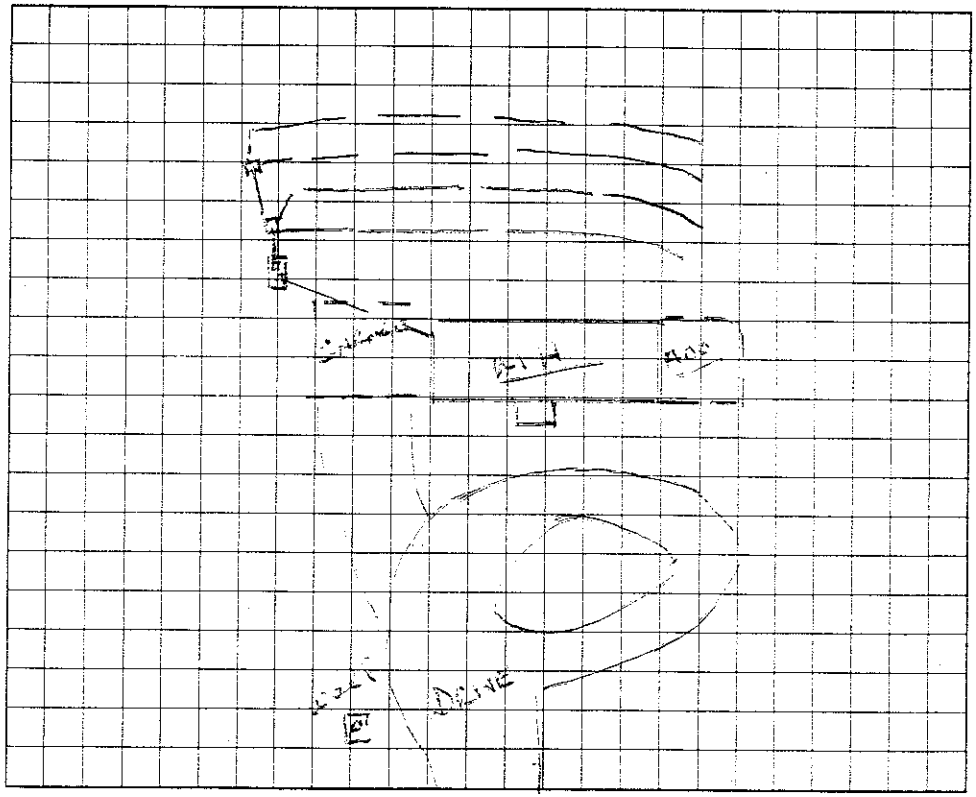
Water Supply:
☒ Individual
☐ Community
☐ Public

Comments:

Comments:
Community Lateral is required 3/30

### 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: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: Ken Dellinger - 1997

Certificate of Completion by: Wesley Sparks RS date 3/6/96

Operation Permit by: _____ date _____

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