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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. 3259 DATE July 21 '95 TAX MAP NO. INTAT Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Mike Childers PHONE: Business _____ Home _____

ADDRESS 439 Fieldstone Rd. Mooresville

LOCATION N. Main St TR Linwood (Enochville) Rd. ~ ½ mile on left across from Eastside Baptist Church

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2 Ac SITE CLASS. 5 DESIGN FLOW 460 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1212 Date 11/8/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3.5

☐ Business No. Employees ____

☐ Other _____

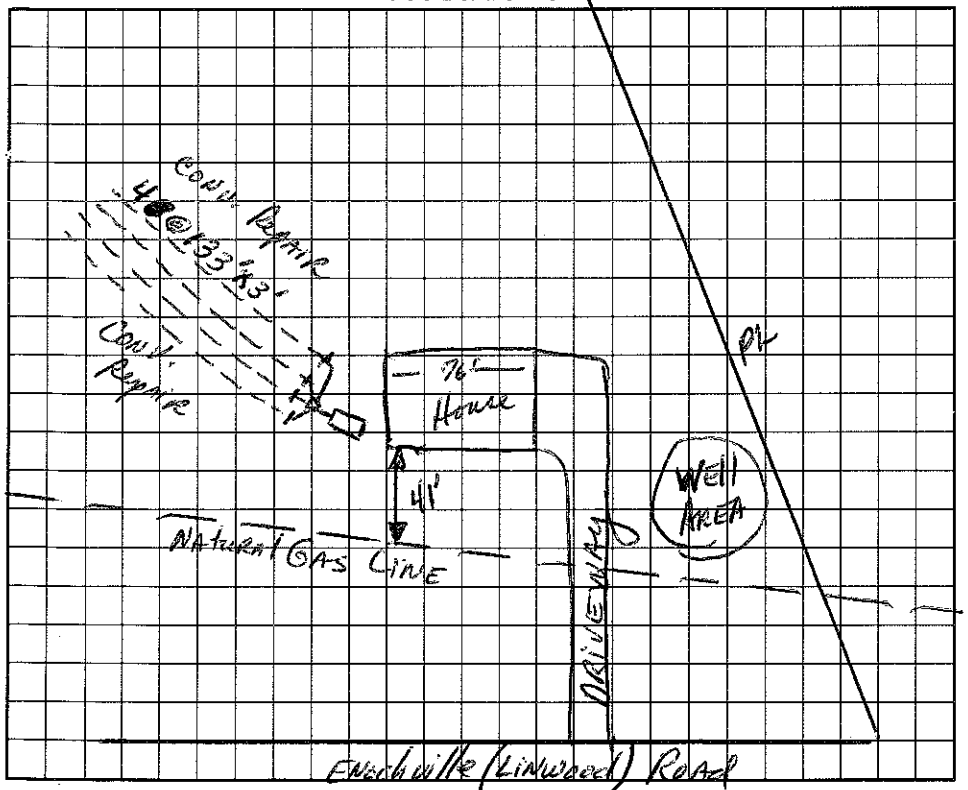
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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 7-21-95

Existing System Inspection by: _____ date _____

Installed by: Tom Fargo

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks R.S. date 12/28/95

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