IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct - Repair 4607954997

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

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

PROPERTY DESCRIPTION NO. Repair DATE 2/8/96 TAX MAP NO. Repair Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Cliffton Alexander PHONE: Business _____ Home 663-4465

ADDRESS 1459 N Main St. Mooresville, NC. 28115

LOCATION N Main, east on (R) past Am. Legion building on (L)

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

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900-1000 Linear Feet ~300

No Lines 3 Trench Width 10' Max Trench Bottom Depth 36" Gravel Depth 12-14"

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

System Description: conv - 3 bed

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

Other _____

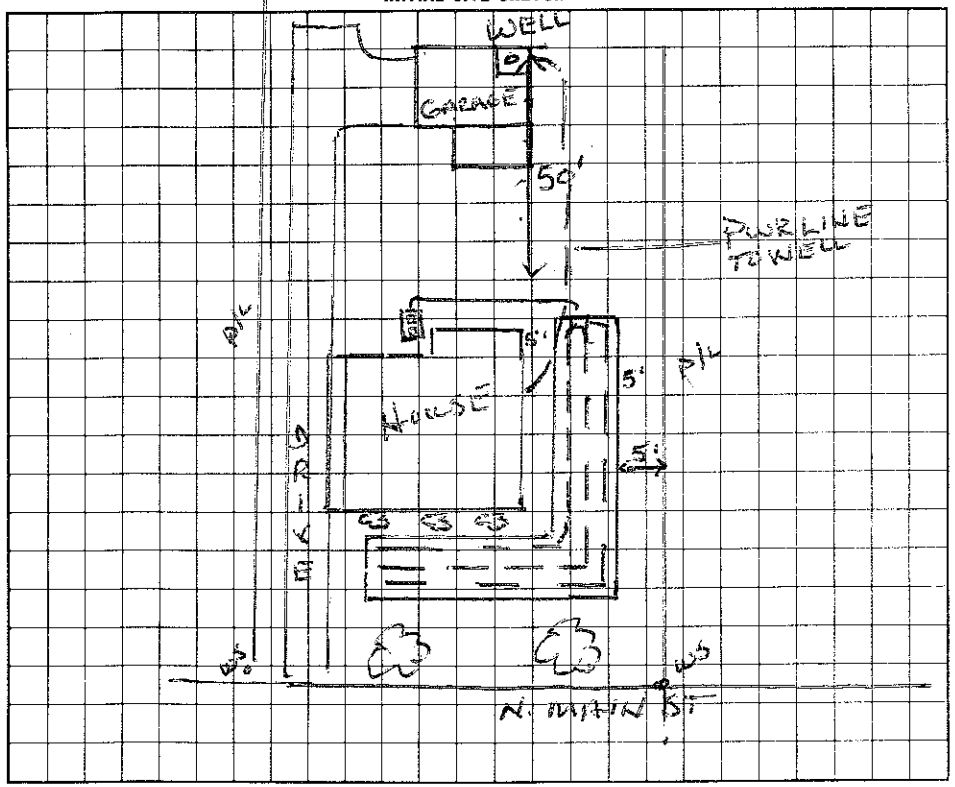
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: WELL ~50% more for use of bed system

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: N/A

Improvement Permit by: Wesley Sparks RS. date 2/8/96

Existing System Inspection by: Wesley Sparks RS. date 2/8/96

Installed by: Julian Bowles

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks RS. date 2/26/96

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