IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTIO

PROPERTY DESCRIPTION NO. 070403 DATE 11/17/97 TAX MAP NO. 4669212535 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR David Blair PHONE: Business _____ Home 664-2227

ADDRESS 407 Shinnville Rd Mooresville NC 28115

LOCATION 21/115 N TR on Shinnville ~ 2 miles just before Ginger LN 407 Shinnville

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1 Acre SITE CLASS. Existing DESIGN FLOW Existing L.T.A.R. _____

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields _____ Square Feet _____ Linear Feet _____

No Lines Existing Trench Width Conventional Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing (Conv. - Central)

Repair System Description: _____

Maintenance Agreement Required: ☒ Yes ☐ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms _____ No. Employees _____

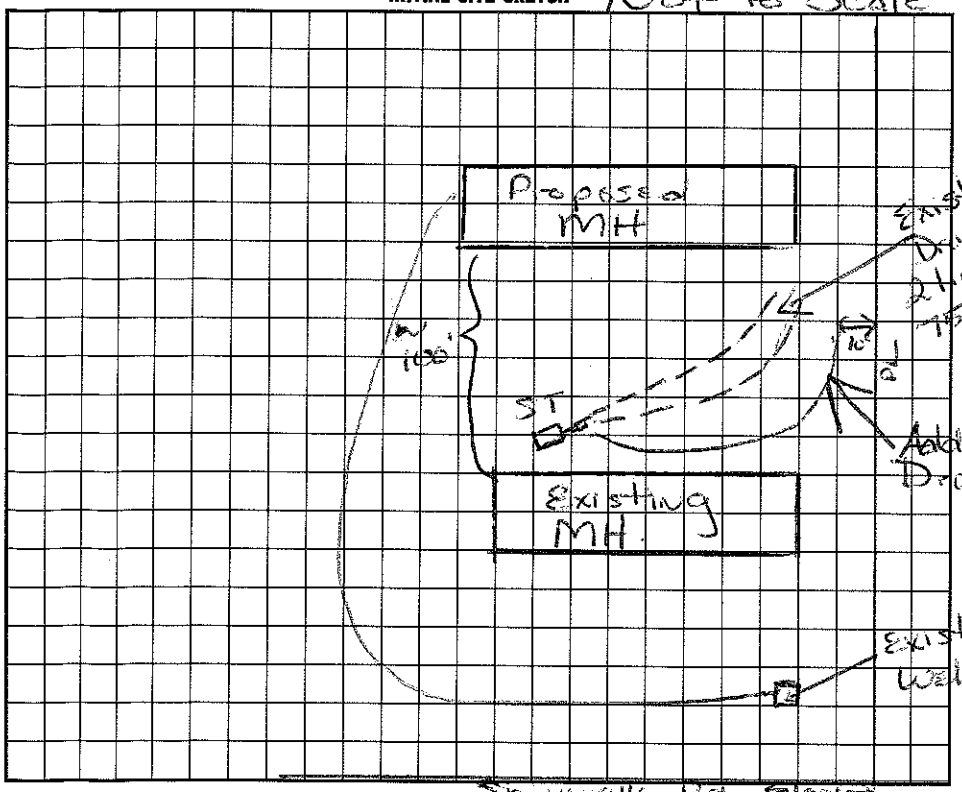
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

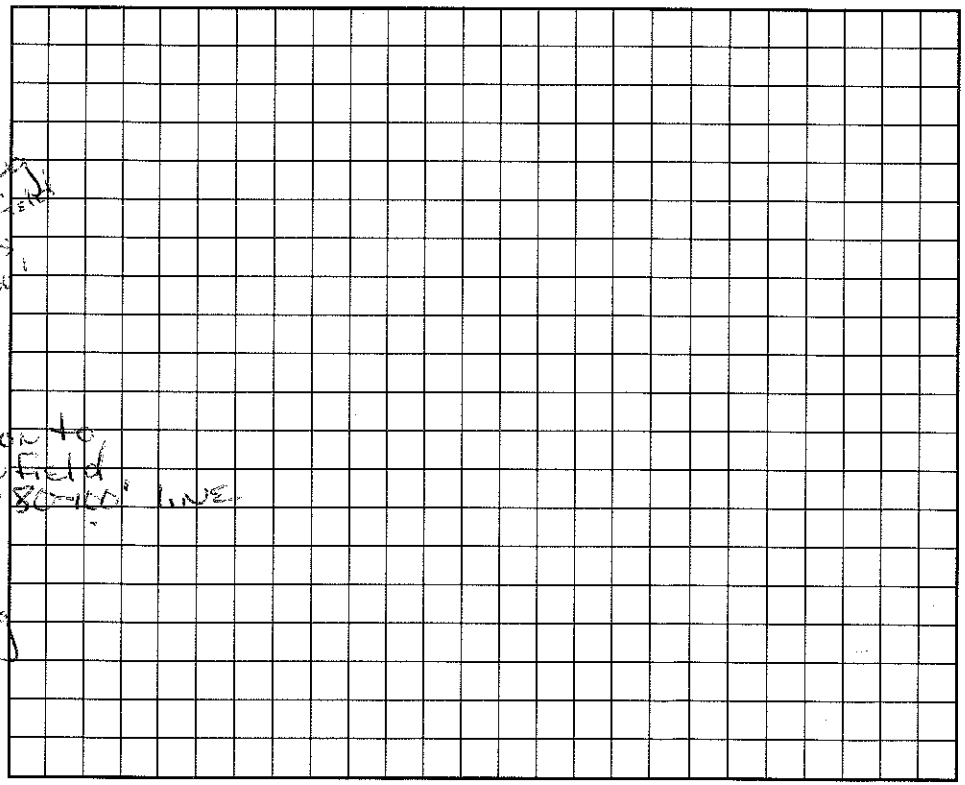
Comments: Existing System - Adding Additional Bedroom; From 3 Bedroom to 4 Bedroom Add 1 - 50'-100' Conventional line

Comments: * Keep Waterline at least 10' From Septic System & Supply line/Septic System at least 50' from well. (Water in Drainfield of Existing system but not failing at time of inspection)

INITIAL SITE SKETCH Not to Scale



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: x David Blair

Improvement Permit by: Maria H. Dotson date 11/17/97

Existing System Inspection by: Maria H. Dotson date 11/17/97

Installed by: Ace Contractors

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks RS. date 1/12/98

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

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