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. 23793 DATE 5/16/96 TAX MAP NO. ~~4676-10-6086~~ 4676-10-6086 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Jim Murph PHONE: Business _____ Home 663-5834

ADDRESS 124 Louise Dr. Mooresville NC 28115

LOCATION Johnson Dairy Rd - TL Carolwoods Dr - TR Louise Dr 3rd lot on Rt.

SUBDIVISION Carolwoods BLOCK / SECTION _____ LOT 35 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. ~~360~~ existing

Septic Tank: existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet _____ Linear Feet 240

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

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

System Description: _____

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

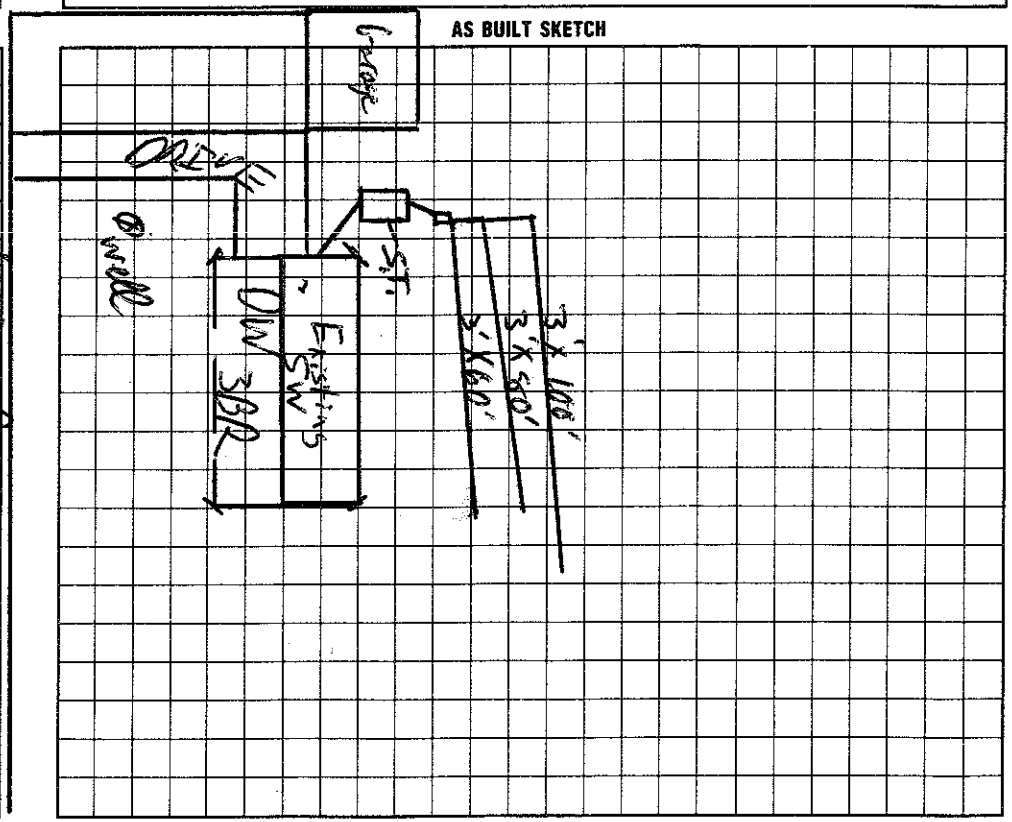
Comments:

Comments:

INITIAL SITE SKETCH

Louise Dr

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: Jim Murph

Improvement Permit by: _____ date _____

Existing System Inspection by: C. Ruby Thomas EHS date 5/16/96

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: C. Ruby Thomas EHS date 5/16/96

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