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. 18917 DATE 8/11/94 TAX MAP NO. 1E 385 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Terry Caldwell PHONE: Business 4675-17-0895 Home 663-7535

ADDRESS Rt 1 Box 304 Mooresville, NC. 28115

LOCATION Rocky River, 1365 TR X bridge to first trailer (L)

SUBDIVISION VA Johnston BLOCK / SECTION ____ LOT 5 LOT AREA Existing SITE CLASS. P DESIGN FLOW 360 D/W 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~~ Existing System ~~Linear Feet~~

No Lines ____ Trench Width ____ 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

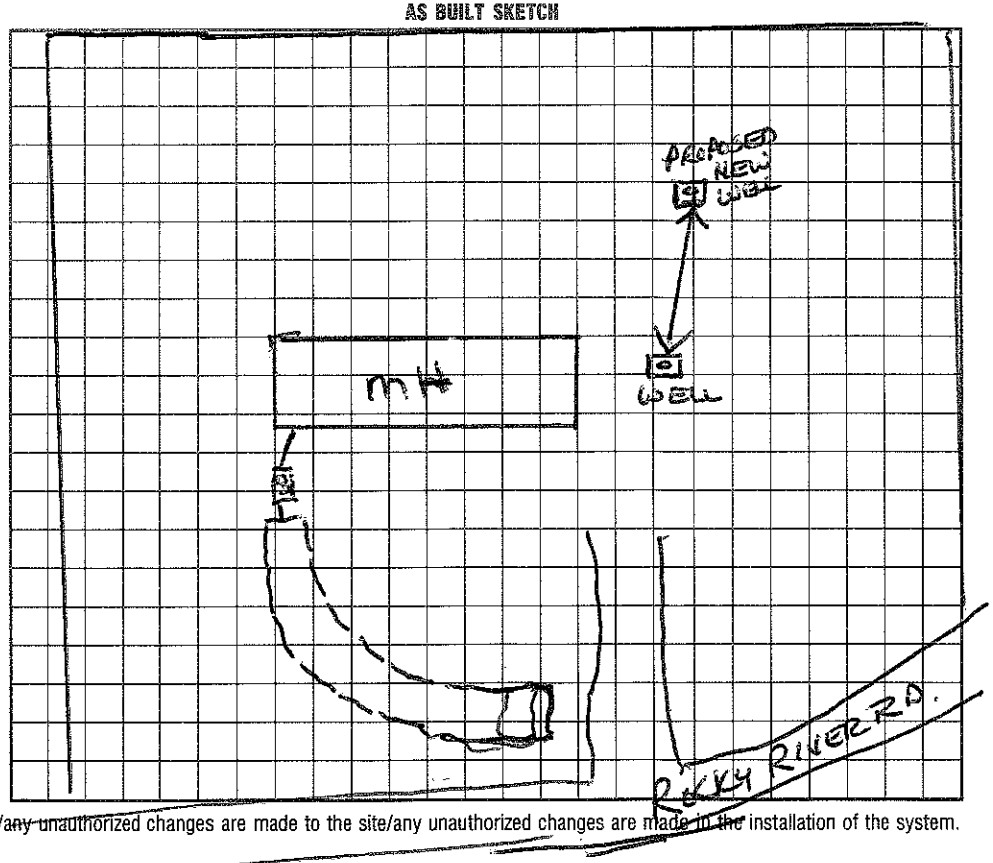
Water Supply:
☑ Individual
☐ Community
☐ Public

Comments:

Comments:

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 to the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: ____

Installed by: ____

Improvement Permit by: ____ date ____

Certificate of Completion by: ____ date ____

Final Inspection by: Wesley Sparks RS date 8/11/94

Operation Permit by: ____ date ____

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