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. 068893 DATE 8/20/97 TAX MAP NO. 4676363001 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Jerry Lynn Stoyner PHONE: Business _____ Home 664-7730

ADDRESS 104 Oak Brook Dr. Mooresville, NC 28115

LOCATION Brumley TR 1st Quail Hill Ext. TL Oakbrook last lot on left

SUBDIVISION Quail Hill BLOCK / SECTION C LOT 48 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. _____

Septic Tank: 1000 Gallons; STB: Existing Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth _____ Gravel Depth 12"

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

System Description: Existing Gravity Conv.

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

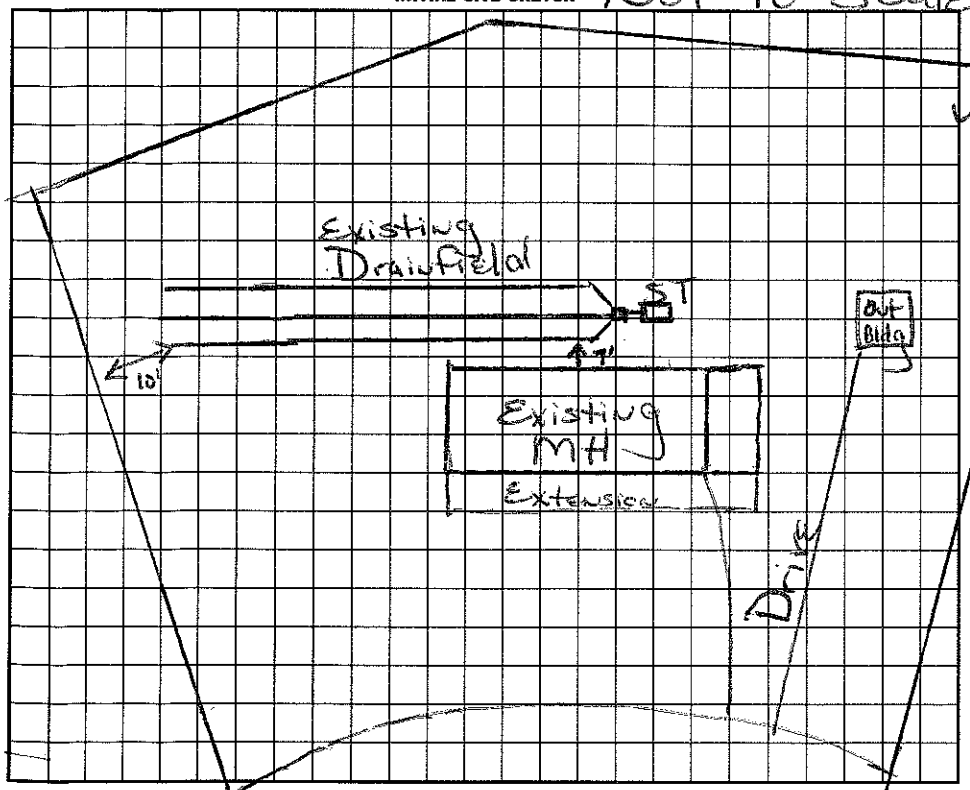
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Community
☐ Public

Comments: Replacing Existing MH with 3Bdrm 2 Bath Modular Home.

Comments: Existing system appears to be functioning okay at time of inspection. Grass over drainfield needs to be cut.

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: _____

Improvement Permit by: Marion Dotson date 8/20/97

Existing System Inspection by: Marion Dotson date 8/20/97

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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