4677158276

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. 2676 DATE 3/8/94 TAX MAP NO. IN A 31A Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR BOBBY MOOSE PHONE: Business _____ Home 663-7936

ADDRESS RT 10 BOX 309 MOORESVILLE, NC. 28115

LOCATION AZALEA RD, TO END (L) TO 2ND MH ON (R)

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

Septic Tank: EXISTING Gallons; STB _____ Date 1000 GAL.
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 225
No Lines 2 Trench Width 3' 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

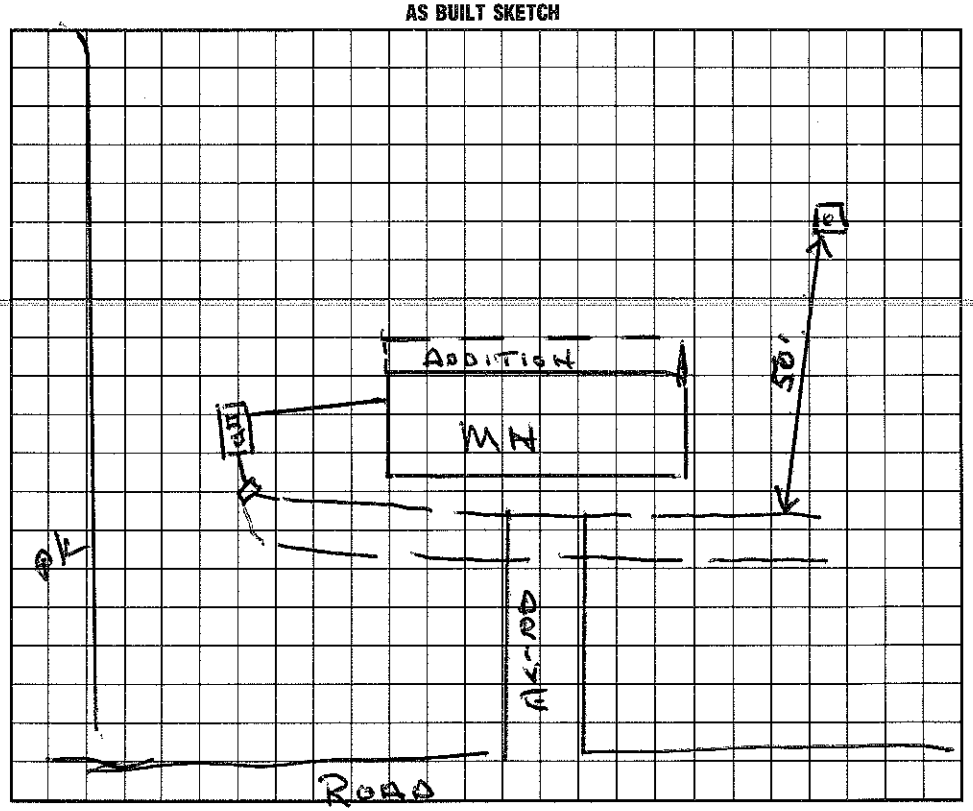
Water Supply:
☑ Individual
☐ Community
☐ Public
PROPOSED

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 in 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 _____

Existing System Inspection by: Wesley Sparks R.S. date 3/8/94 Operation Permit by: _____ date _____

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