...ELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 067955 DATE 6/24/97 TAX MAP NO. 4677884844 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Johnnie C Mancias PHONE: Business _____ Home 663-6784

ADDRESS 115 London Rd. Mooresville, NC. 28115

LOCATION 1.5 E TR London RD. , first house on (L)

SUBDIVISION Powers MHP BLOCK / SECTION 1 LOT 11 LOT AREA 1.29 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. —

Septic Tank: 2 existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ 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

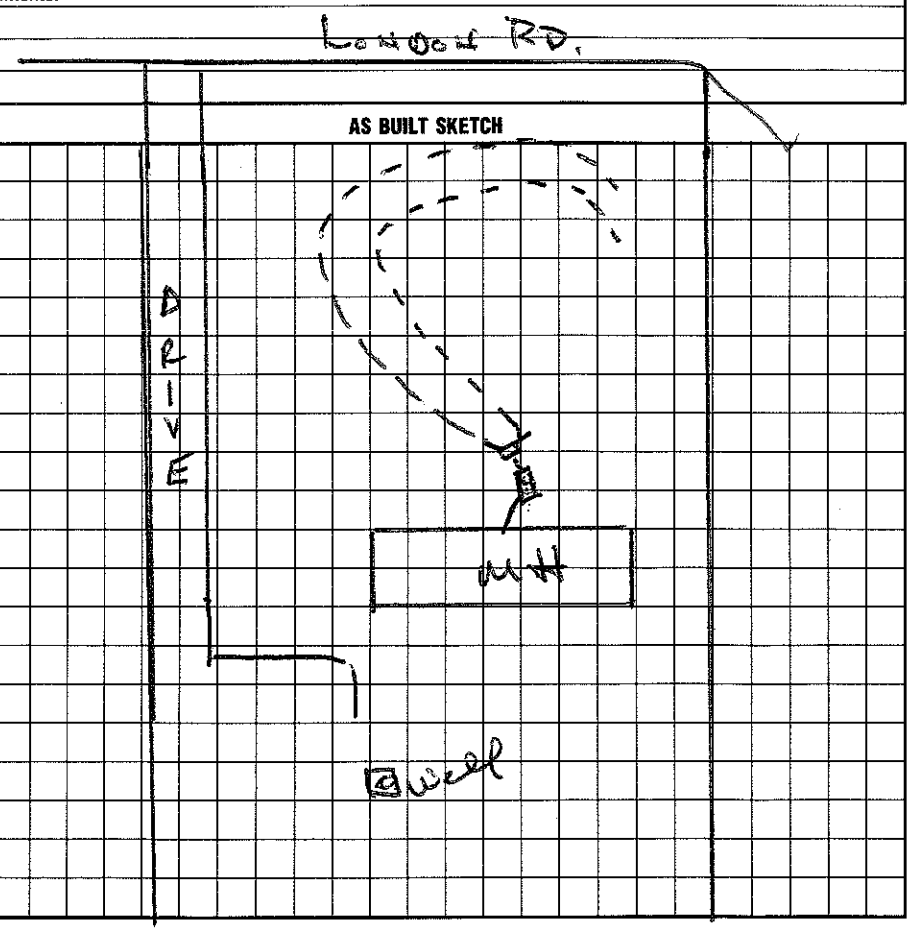
Water Supply:
☒ Individual
☐ Community
☐ Public

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

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: _____

Certified for Completion by: Existing System Wesley Sparks R.S. date 6/24/97

Operation Permit by: Wesley Sparks R.S. date 6/24/97

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