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. 24265 DATE 7/18/96 TAX MAP NO. IP 1A 11 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR James + Geraldine Owens by PHONE: Business 4698-90-6550 Home 858-6480

ADDRESS 126 Pinnacle Dr. Mooresville, NC. 28115

LOCATION 150E TL Pinnacle Dr. TR 1st driveway to end.

SUBDIVISION Mooresville County BLOCK/SECTION ____ LOT 11 LOT AREA 5.6AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. ____

Septic Tank: Equity Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet Equity 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: Equity System

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other ____

No. Bedrooms 3 No. Bathrooms 2.5 No. Employees ____

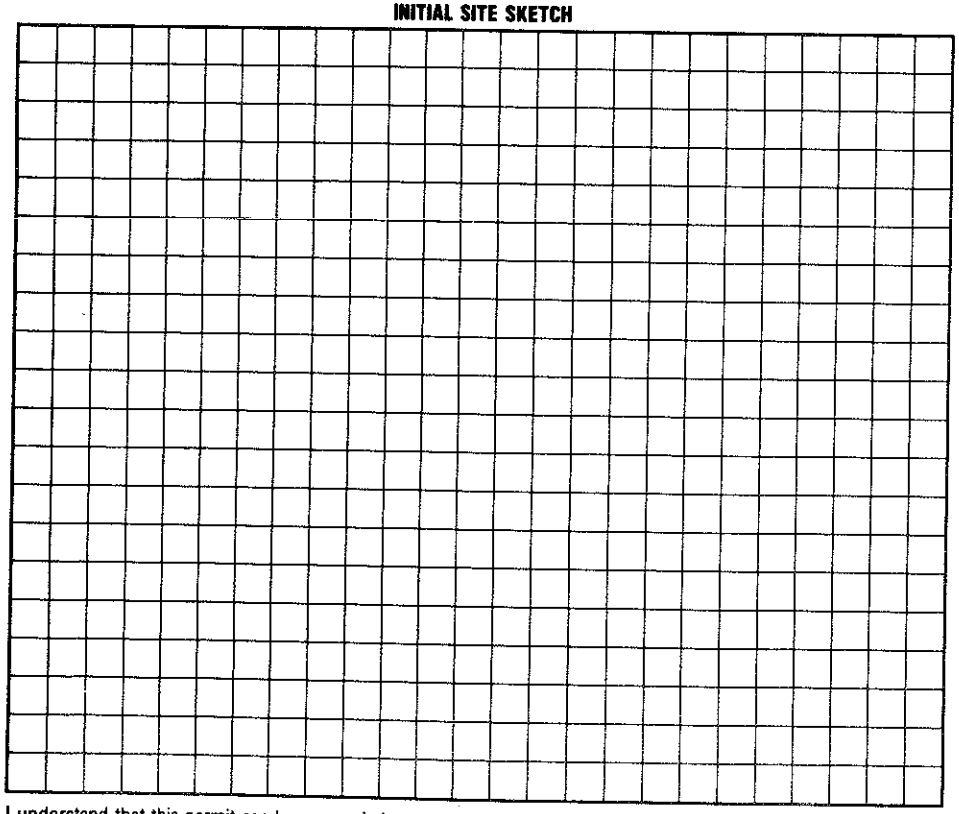
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

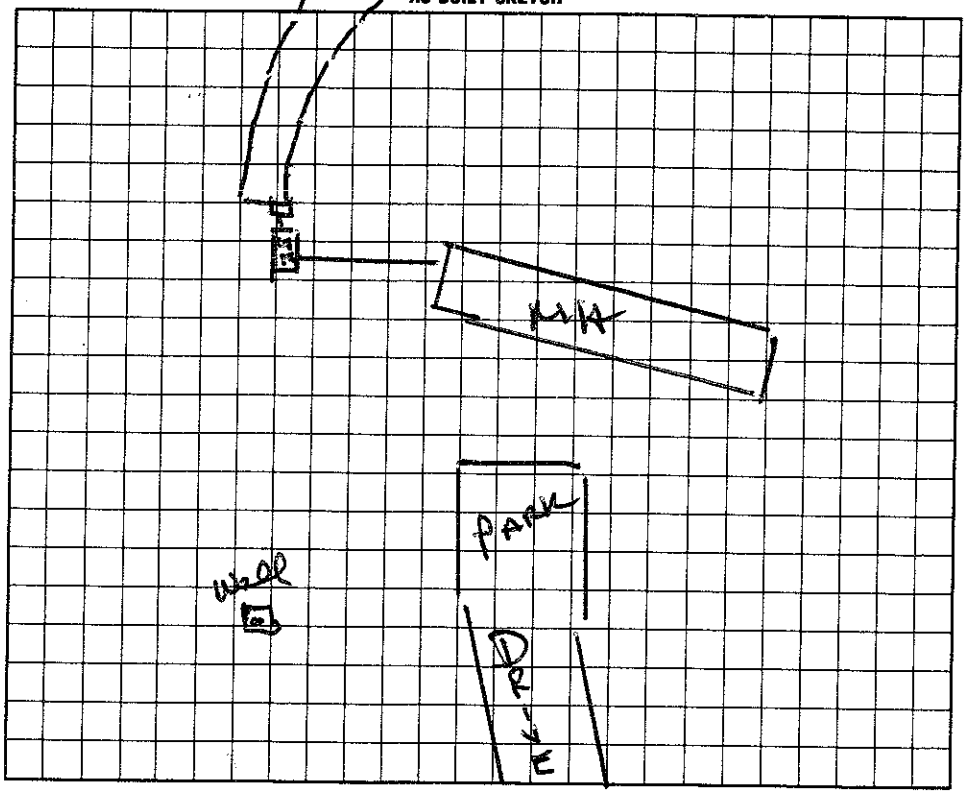
Comments:

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.

Signed: ____

Improvement Permit by: ____ date ____

Existing System Inspection by: ____ date ____

Installed by: ____

Certificate of Completion by: Equity System: Wesley Sparks RS. date 7/18/96

Operation Permit by: ____ date ____

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