4679053299

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. _____ DATE April 15, 1997 TAX MAP NO. _____ Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Jack Combs PHONE: Business _____ Home _____

ADDRESS 2047 Triplett Rd. Mooresville

LOCATION 801 N. to Triplett Rd. x RR ~1/4-1/2 mile on Right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA EXISTING Tract SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. ~.3

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 EX Square Feet 600 Linear Feet 200

No Lines 2 inbed Trench Width 6' Max Trench Bottom Depth _____ Gravel Depth N/A

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

System Description: Gravity conv. bed

Repair System Description: Gravity chambered bed

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

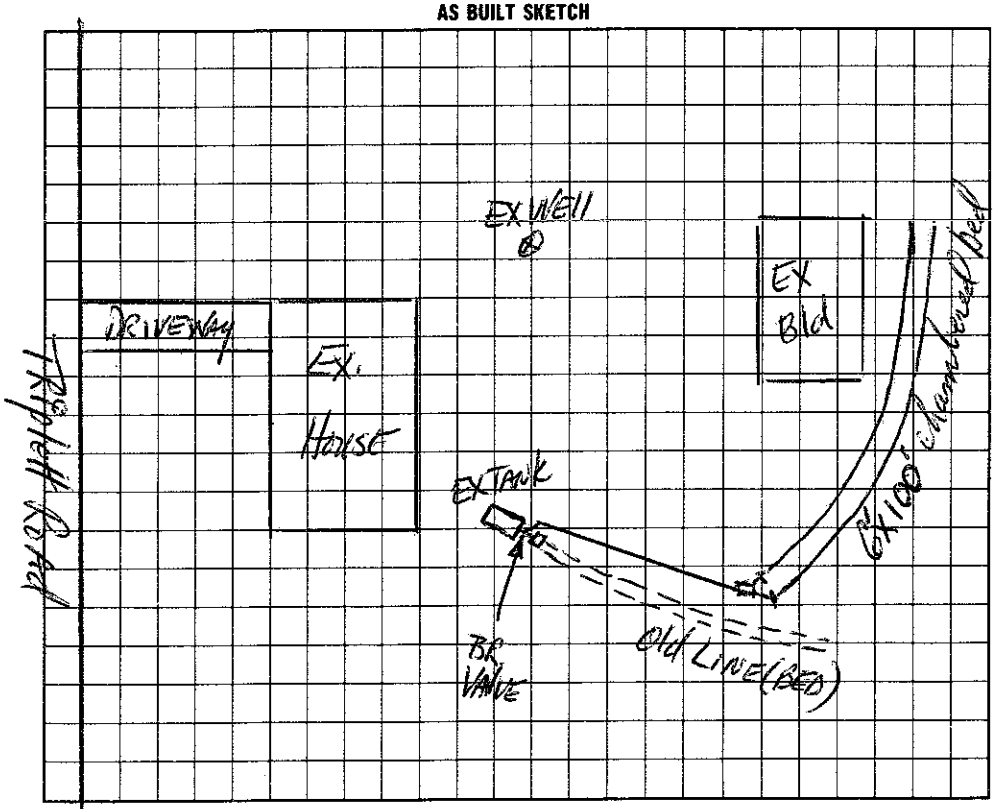
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: Plumbing leaks inside home to be corrected.

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: _____ Installed by: Steve Jordan

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: _____ date _____ Operation Permit by: Mark R Hanson, RS date 4/15/97

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