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. 070055 DATE 10-31-97 TAX MAP NO. 4679173415

OWNER OR CONTRACTOR J.B. Seamon PHONE: Business _____ Home 6060-6924 Watershed: ☐ Yes ☐ No

ADDRESS 1933 Triplett Rd Mt. Ulla 28125

LOCATION 115 N. TR Mazeppa TL Triplett 3/10 on Right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .40 Acre SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet _____

No Lines 2 at 50' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: Existing

Repair System Description: Grav. Conventional

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

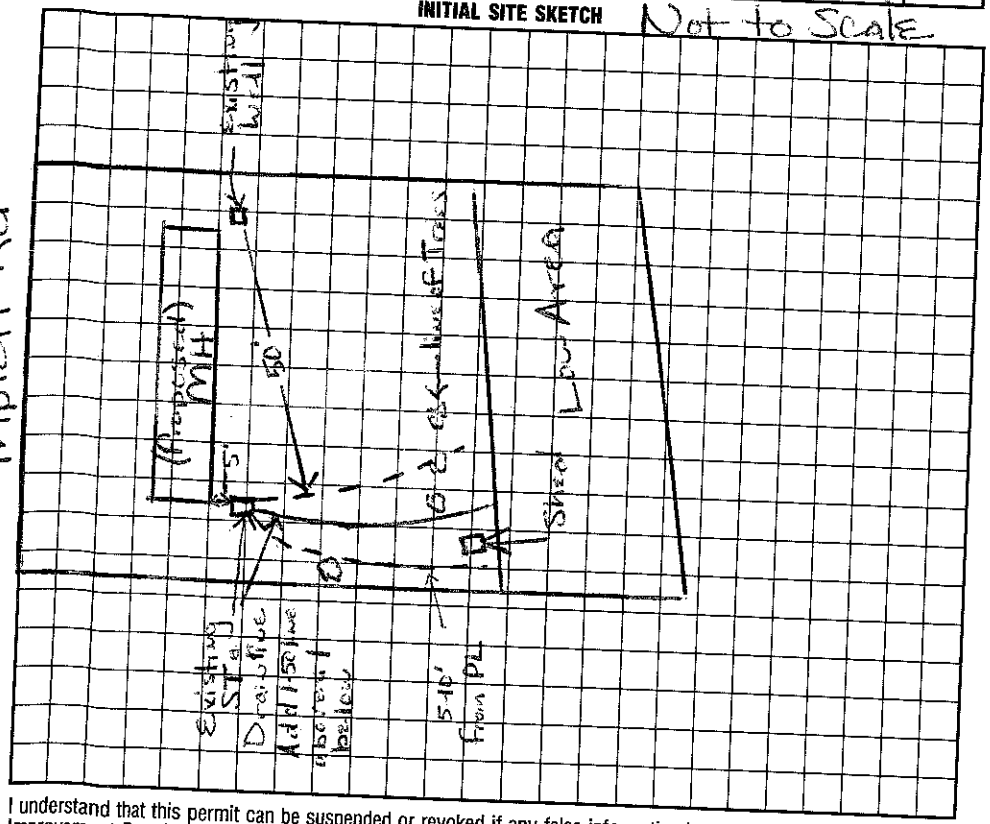
Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: Add 2-50' Drainlines to existing System (1 line above & 1 line below) (Remove "Check treat back") Keep System out of low area & Stay 50' from well

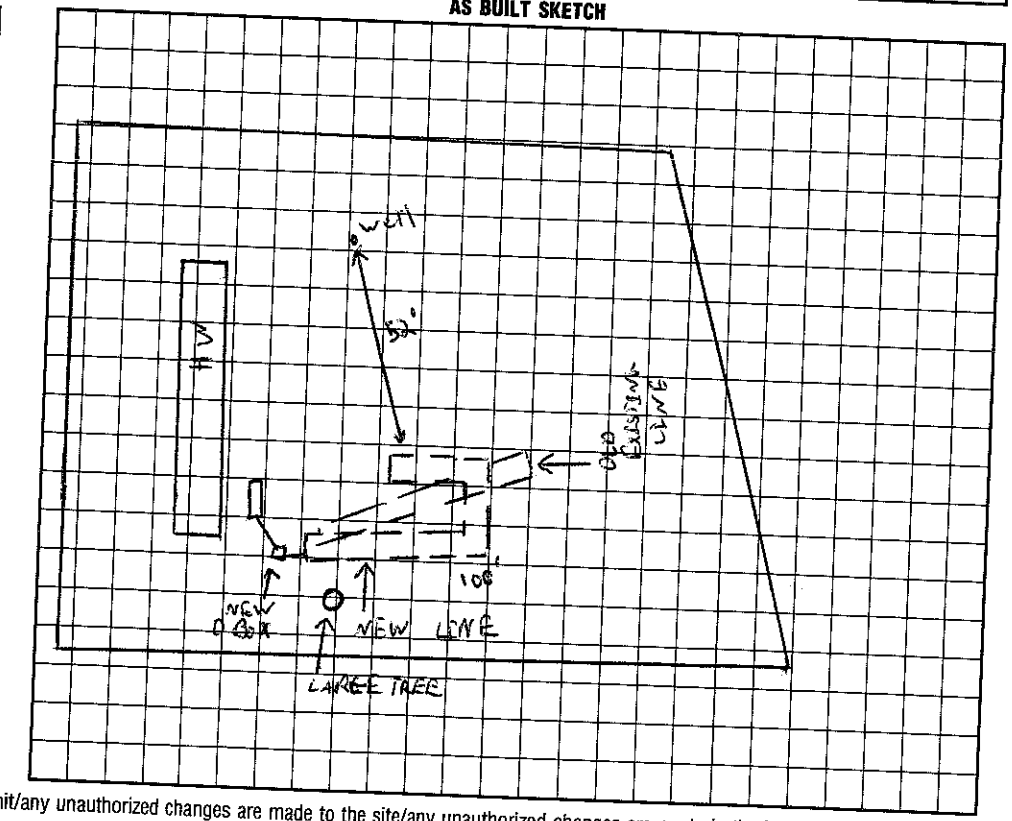
Comments: Replacing Existing 3 Bedroom House with 3 Bedroom Mobile Home.

EXISTING LINE DUG UP AND NEW LINE ADDED

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: Marsha H. Dotson date 10/31/97

~~Existing System~~ Inspection by: Marsha H. Dotson date 10/31/97

Installed by: A1 BACKHOE

Certificate of Completion by: _____ date _____

Operation Permit by: C. M. Penn RS / MARSA DOTSON date 11/5/97

Const. Auth.

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