pd 9/50 12-15-97

# 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. 070680 DATE 12-11-97 TAX MAP NO. 4703391537 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Vernon White PHONE: Business _____ Home 838 1553

ADDRESS 130 Mockingbird Drive Statesville

LOCATION IHU - TL on TR B Straight on Mock Mill TL Mockingbird 5th Teton (2)

SUBDIVISION Mockm. Run BLOCK / SECTION _____ LOT 12 LOT AREA _____ SITE CLASS. D/S DESIGN FLOW _____ L.T.A.R. 0.3

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 175ft

No Lines 2 Trench Width 36in Max Trench Bottom Depth 36in Gravel Depth Sand

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

System Description: Gravity Chambers

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Bathrooms 2 No. Employees _____

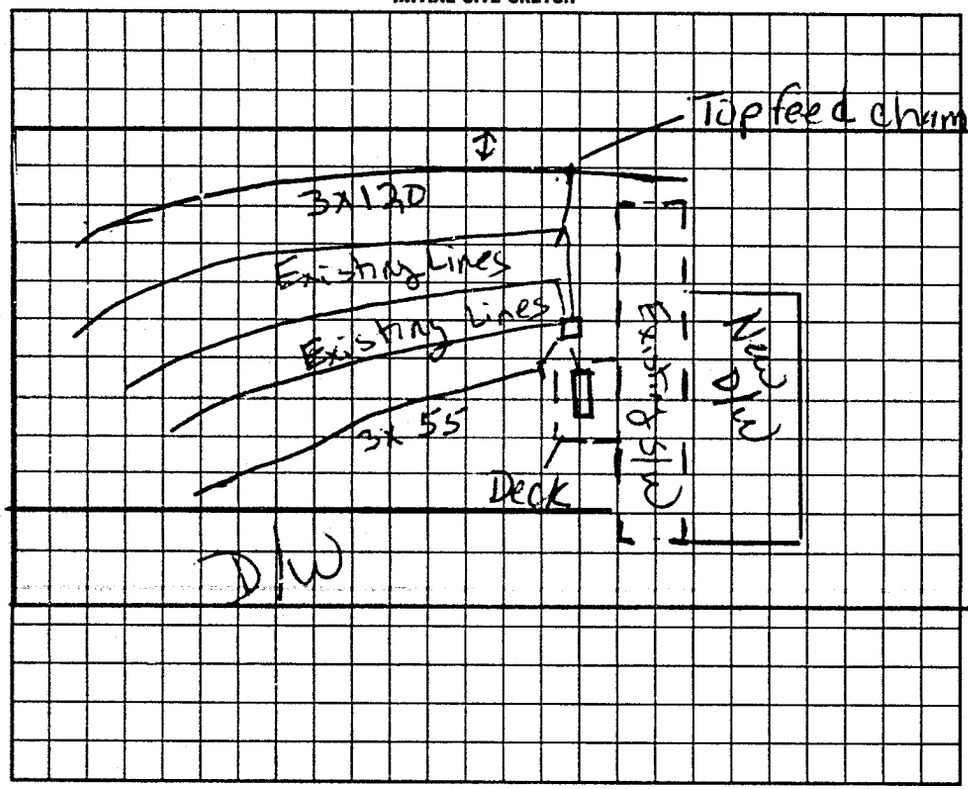
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

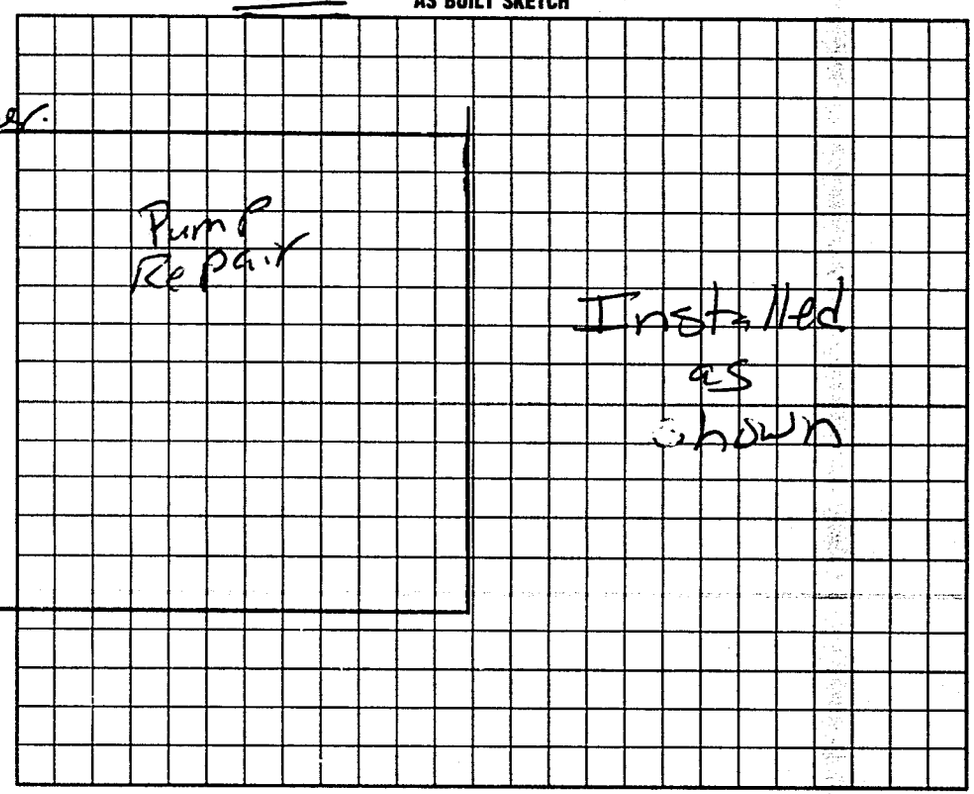
Comments: (1) Install 2 Lines of Chambers One 55ft, one 120ft
Recommend pumping Tank, Checking T, Replace if needed
(Existing System contained 300ft of line.)

Comments:
* Note: Need To keep water Line 10 ft from System

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. Authorization to construct expires 5 yrs from issued date

Signed: X Pamela B Lorenzen

Improvement Permit by: Mark Cox RS date 12-11-97

~~Existing System Inspection by:~~ Mary C Cox RS date 12-11-97

Installed by: Steve Golden

Certificate of Completion by: _____ date _____

Operation Permit by: Mark Cox RS date 3-18-98

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