47471

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. 16452 DATE 6-4-93 TAX MAP NO Pt. of 9E-A-9

OWNER OR CONTRACTOR Wilbert Lejeune PHONE: Business _____ Home _____

ADDRESS _____

LOCATION I-40 W TR Old Mtn. Rd. TR Island Ford Rd. TL Lippard Farm Rd. MHP on R.

SUBDIVISION Roseman MHP BLOCK / SECTION _____ LOT GG LOT AREA Ample SITE CLASS. PS. L.T.A.R. Existing

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: Existing Gallons; STB System Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

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

No Lines _____ Trench Width _____ Trench Depth _____ Gravel Depth _____

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

System Description: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 1 No. Employees –

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

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☐ Yes ☑ No

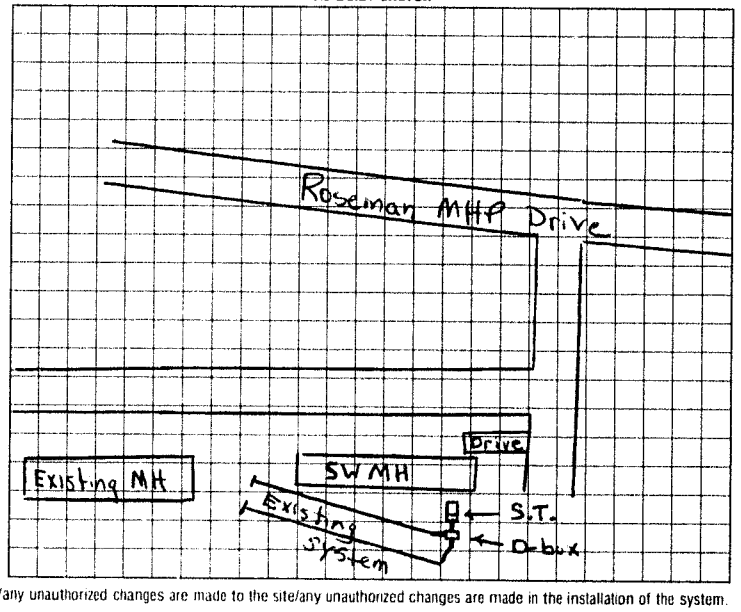
Auto. Washing Machine: ☑ Yes ☐ No

Other _____

Comments Keep MH min. 5' from any part of septic 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.

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: Michael A. Dennis date 6-4-93

Installed by _____

Certificate of Completion by: _____ date _____

Operation Permit by _____ date _____

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