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. 066878 DATE 5/29/97 TAX MAP NO. 4723723073 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Ike Brogham PHONE: Business _____ Home 876-6327

ADDRESS 107 Ramblewood

LOCATION Buffalo Shoals, Rt 16 to Ramblewood MHP, 3rd Lot on LF

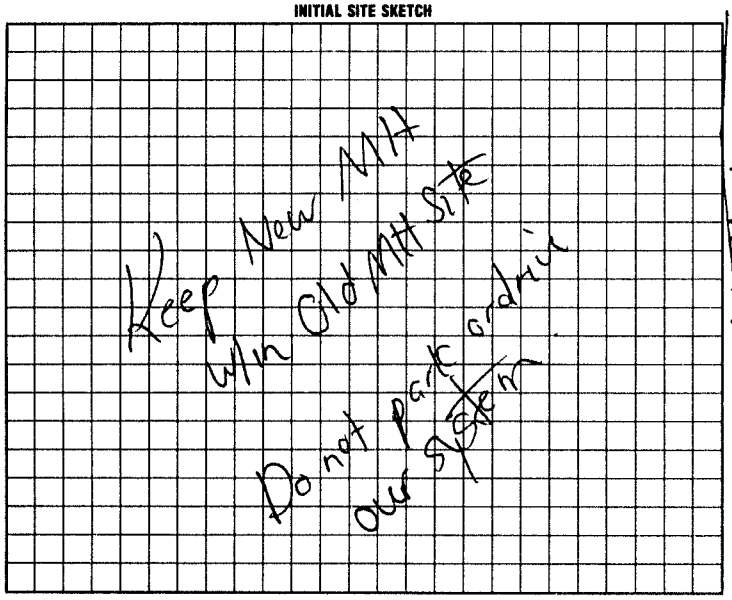
SUBDIVISION Ramblewood MHP BLOCK / SECTION _____ LOT 107 LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: _____ Gallons; STB _____ Date _____	☐ New System ☐ Repair System Type: I, II, III, IV, V, VI	☐ House/Mod. Home No. Bedrooms ____	Water Supply:
Pump Tank: _____ Gallons; PT _____ Date _____	System Description: _____	☑ Mobile Home No. Bathrooms ____	☐ Individual
Pump Make: _____ Model _____ Serial No. _____	Repair System Description: _____	☐ Business No. Employees ____	☐ Community
Nitrification Field: No. Fields Ex Square Feet _____ Linear Feet _____	Maintenance Agreement Required: ☐ Yes ☐ No	☐ Other _____	☑ Public
No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____	☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing		

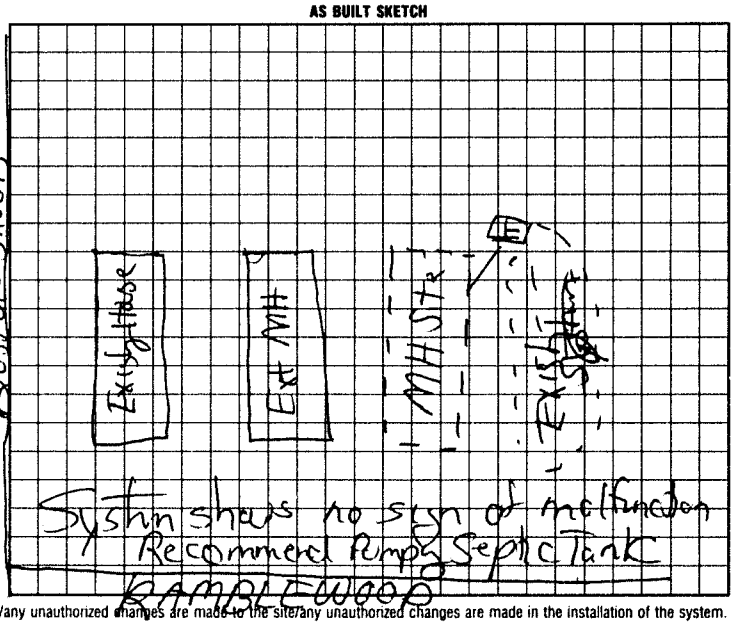
Comments:

Comments: Replacy 2Br w/ 2Br MH

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: _____ date 5/29/97

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