61550

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. 23815 DATE 6/14/96 TAX MAP NO See Attached Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Christopher Brown PHONE: Business _____ Home _____

ADDRESS _____

LOCATION Ramblewood MHP off Buffalo Shoals, 4th Hse on Rt

SUBDIVISION Ramblewood MHP BLOCK / SECTION _____ LOT 4 LOT AREA 1 SITE CLASS _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: EXIST Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: EXISTING

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 2

☑ Mobile Home No. Bathrooms 1

☐ Business No. Employees _____

☐ Other _____

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

Water Supply

☐ Individual

☑ Community On Site Comm

☐ Public

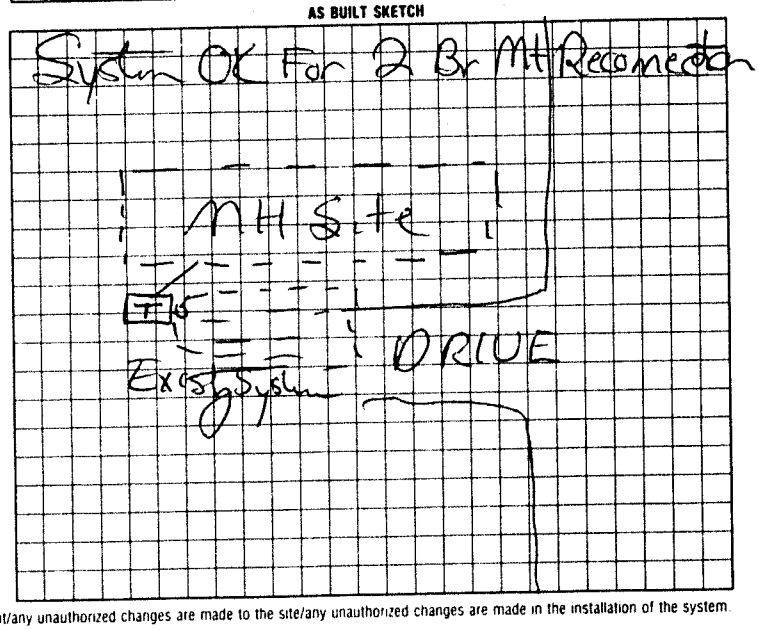
Comments:

Comments: Keep 5' From Tank To New MH

INITIAL SITE SKETCH

AS BUILT SKETCH

System OK For 2 Br MH Recomended



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: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: _____ date _____

Installed by _____

Certificate of Completion by Existing System Inspection [signature] date 6/14/96

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