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. _____ DATE 6-20-96 TAX MAP NO. _____ Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Lonnie Moose PHONE: Business _____ Home 876-4076

ADDRESS 356 Jennings Rd

LOCATION 21 N to Jennings Rd 1mi Rt

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

Septic Tank: EX Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 600 Linear Feet 200

No Lines 2 Trench Width 72" Max Trench Bottom Depth 36" Gravel Depth 18"

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

System Description: _____

Repair System Description: Conv. Gravity

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees _____

☐ Other _____

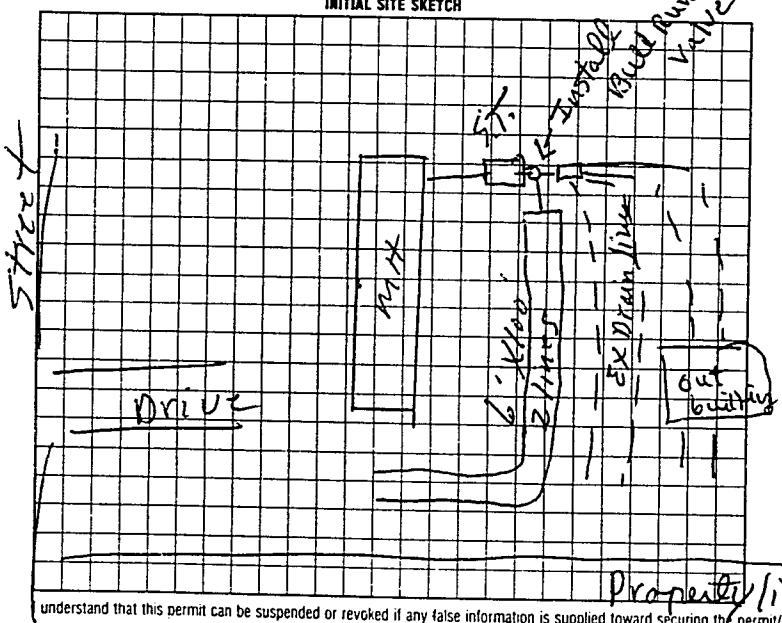
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments:

Comments: New lines are on Number 2.

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial 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.

Signed: Lonnie Moore

Improvement Permit by: L.C. moore date 6-20-96

Authorization to cover Existing System Inspection by: L.C. moore date 6-20-96

Installed by: A-1 Backhoe

Certificate of Completion by: _____ date _____

Operation Permit by: L.C. moore date 7-16-96

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

Authorization to cover. Expires 60 mos from issue

109100