PIN# 4752-84-5809

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. 18344 DATE 4/26/94 TAX MAP NO. 43A 89 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Tony Lancaster PHONE: Business _____ Home 663-5807

ADDRESS PO Box 1472 Mooresville, NC. 28115

LOCATION Shinnville ~ 1 mile on (L)

SUBDIVISION Crestview BLOCK / SECTION _____ LOT 5 LOT AREA _____ SITE CLASS. P DESIGN FLOW 240 L.T.A.R. _____

Septic Tank: 1000 Gallons; ~~Stand~~ _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 3 Square Feet 1035 Linear Feet 345

No Lines 3 Trench Width 5' Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Low Pressure System

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 2

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

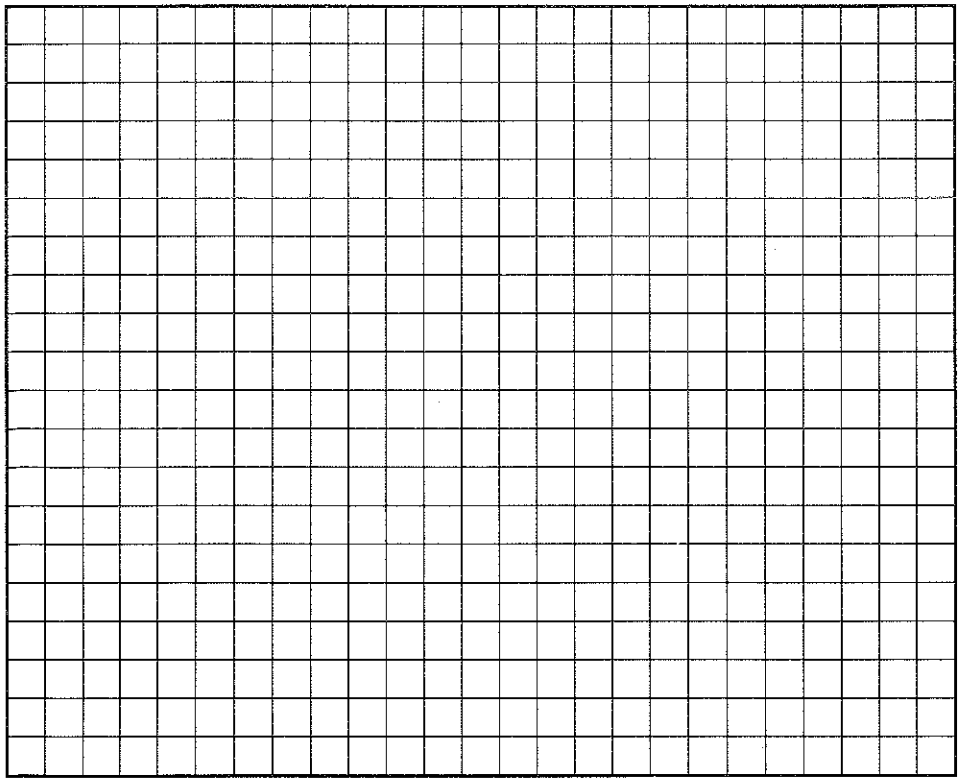
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Community
☐ Public

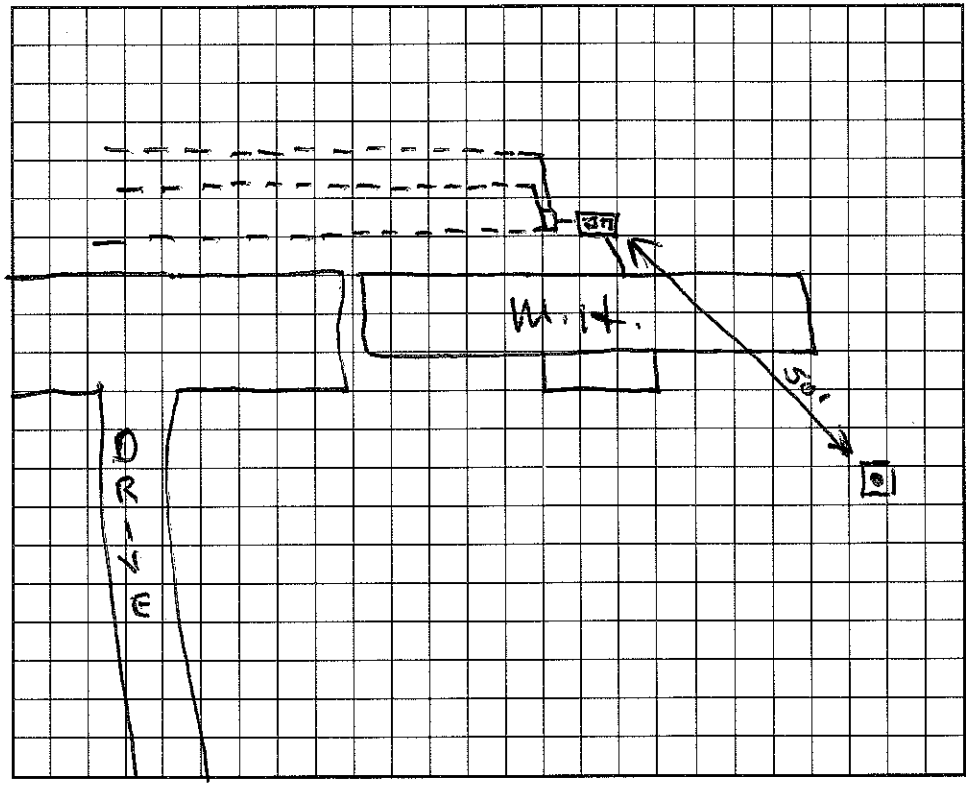
Comments:

Comments:

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: _____ Installed by: _____

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: Wesley Sparks R.S. date 4/26/94 Operation Permit by: _____ date _____

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