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. Repair DATE 10-15-97 TAX MAP NO. Repair

OWNER OR CONTRACTOR C. Dobbins PHONE: Business Watershed: ☐ Yes ☐ No

ADDRESS 2706 Mahogany Dr Statesville Home 872-5676

LOCATION Green briar Tr on Mahogany House on Rt around Bend (Blue siding)

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

Septic Tank: 1000 Gallons; STB 1012 Date 4-24-98

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:

Repair System Description: Tank

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

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

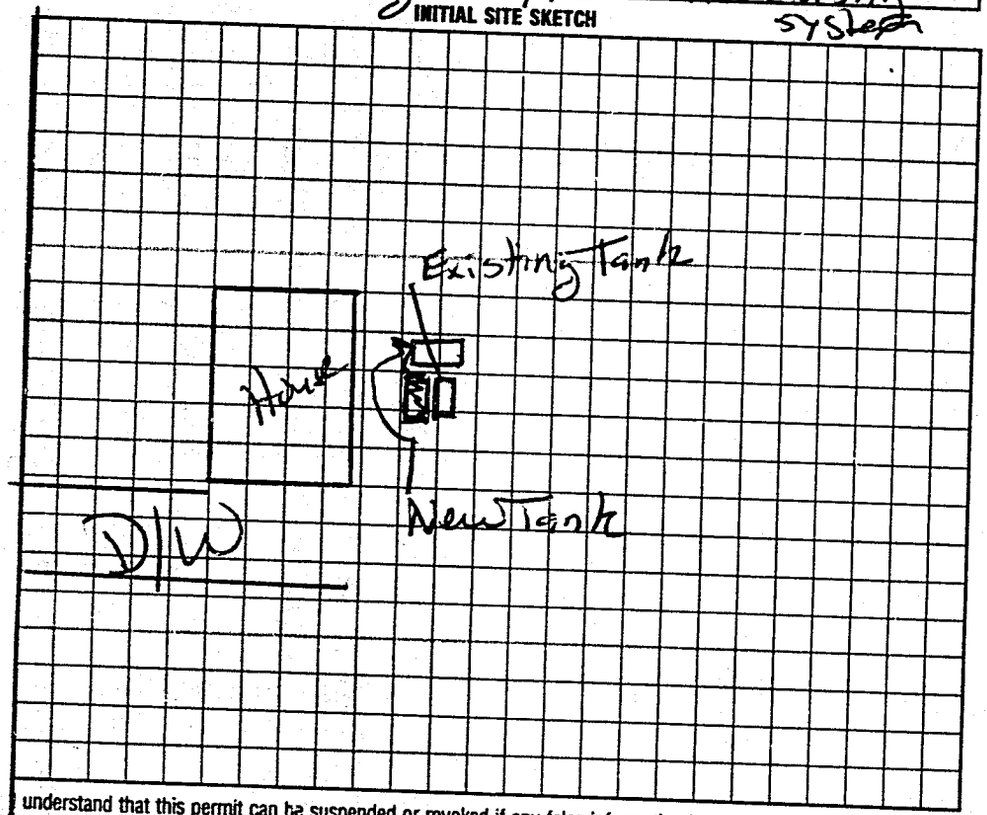
Water Supply: ☐ Individual ☐ Community ☐ Public

Comments:

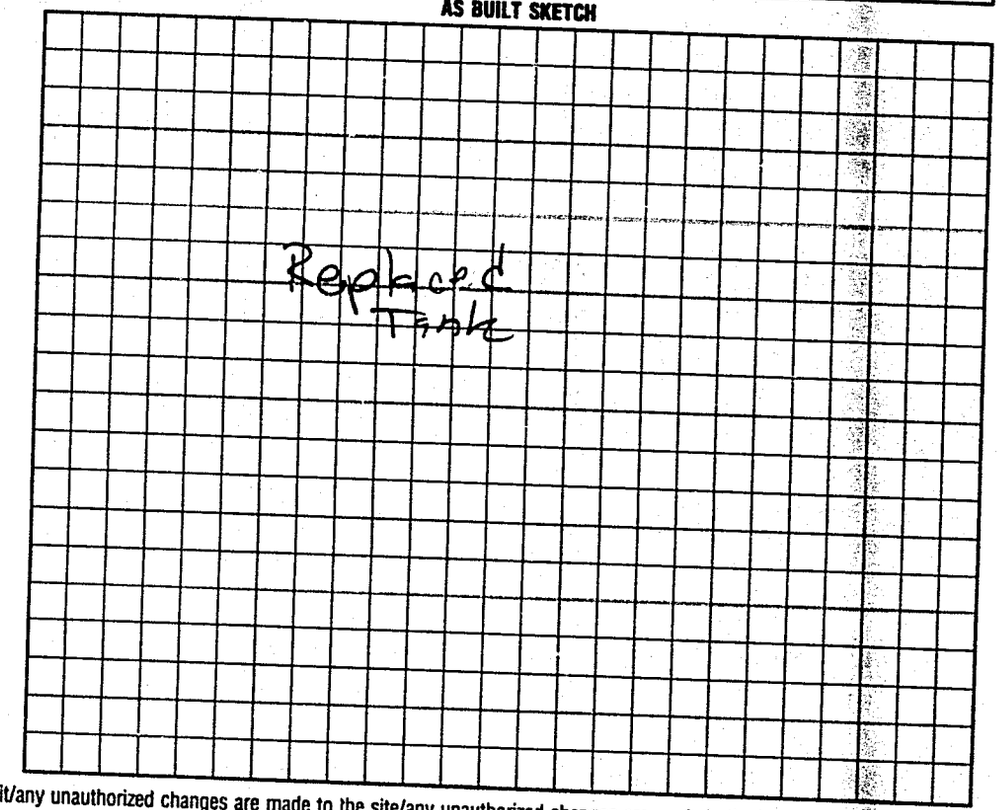
Replace Existing Tank with New Tank ~~Repair~~ New sanitary T, Hook into existing system

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: Carolyn D. Dobbins

Improvement Permit by: Mark Cox RS date 10-15-97 Installed by: Forest Shuford

Authorization to Construct Existing System Inspection by: Mark Cox RS date 10-15-97 Certificate of Completion by: date

Operation Permit by: Mark Cox RS date 10-26-98

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