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 5-1-96 TAX MAP NO _____ Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Jerry Fox PHONE: Business _____ Home 872-1963

ADDRESS 591 Old Mocksville Rd

LOCATION 64 E TL Old Mocksville Rd across from Moorefield sign

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA acreage SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 1.3

Septic Tank EX. Gallons, STB _____ Date _____

Pump Tank _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 950 Linear Feet 316

No Lines 4 Trench Width 36 Max Trench Bottom Depth 36 Gravel Depth N/A

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

System Description: _____

Repair System Description: Gravity Chambers

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

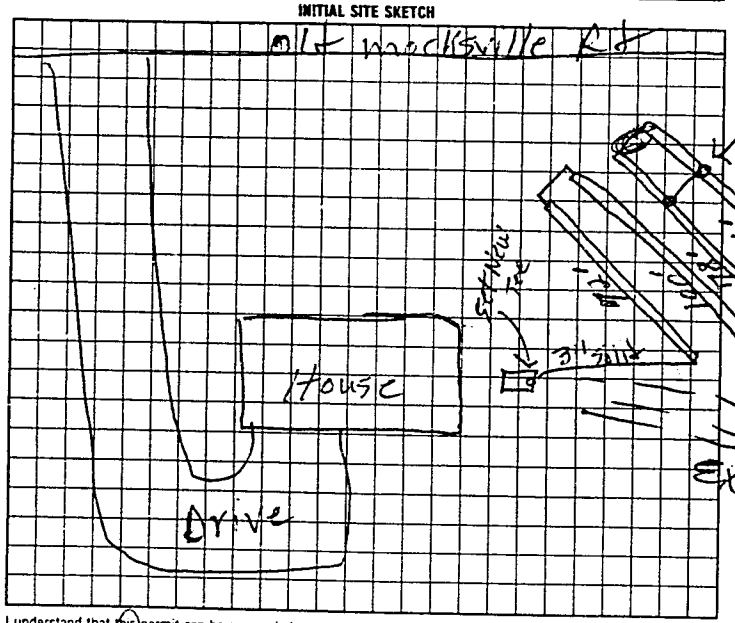
Water Supply:
☐ Individual
☐ Community
☒ Public

Comments:

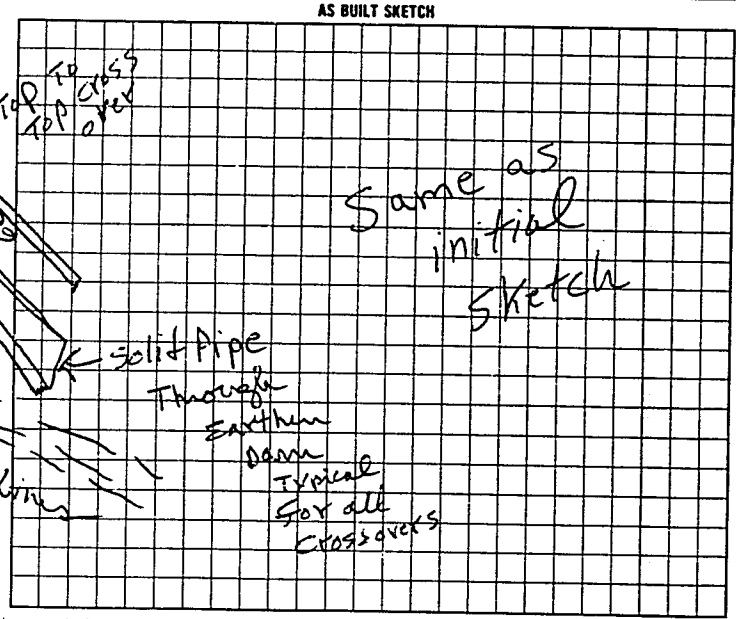
Cut of Ex. Liner

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.

Signed: Jerry W. Fox

Improvement Permit by: P.C. Moore date 5-1-96

Authorization to Court

Existing System Inspection by: P.C. Moore date 5-1-96

Installed by A-1 Backhoe

Certificate of Completion by: _____ date _____

Operation Permit by: P.C. Moore date 5-3-96

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

Authorization to Court Expires 60 mos from issue