4770170225

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. 066870 DATE 5-20-97 TAX MAP NO. 4770171583 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Angela Hughes PHONE: Business _____ Home 528-3417

ADDRESS 1348 Shinnville Rd Mooresville, NC

LOCATION OFF Shinnville Rd 2.1 Miles from Shinn Store on right Across from Mobile Home

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS. DESIGN FLOW 360gpd L.T.A.R. Existing PK

Septic Tank: 1000 Gallons; STB Existing Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'

No Lines 3 @ 100' Trench Width 3' Max Trench Bottom Depth Existing Gravel Depth _____

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

System Description: Existing-Gravity Lowered

Repair System Description: _____

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

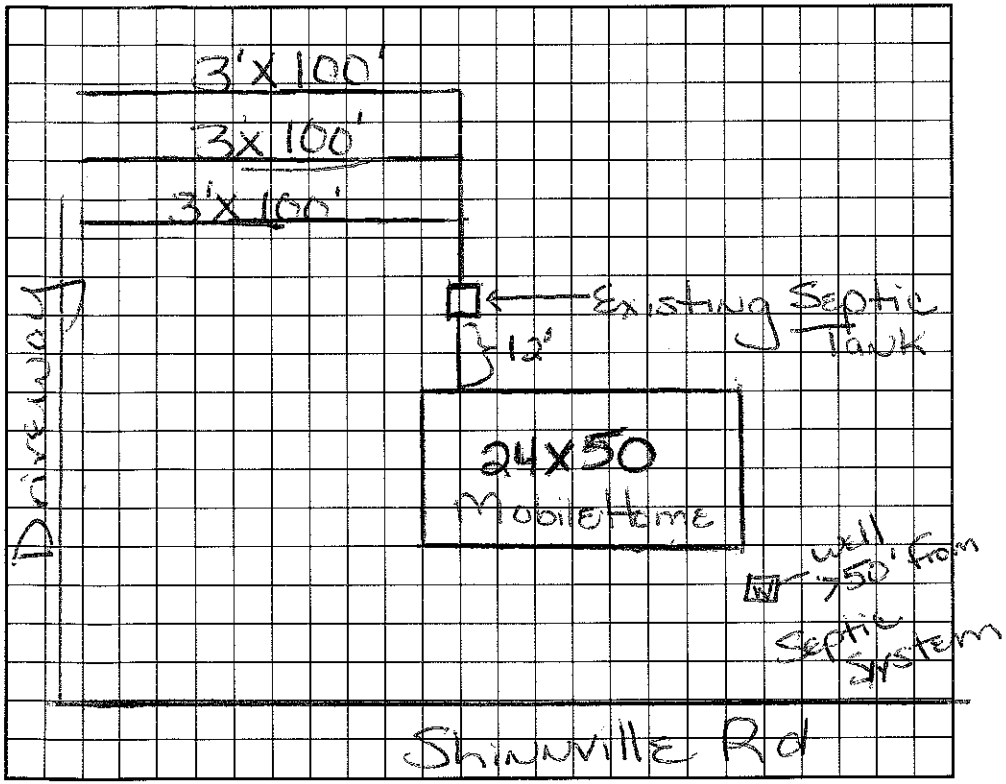
Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: Septic System appears to be functioning properly at time of inspection.

Comments: No problems were encountered during inspection.

INITIAL SITE SKETCH

Not to Scale



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: Angela K. Hughes

Improvement Permit by: Maria H.H. Watson date 5/20/97

Existing System Inspection by: Maria H.H. Watson date 5/20/97

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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