#060617

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. 23795 DATE 5-9-96 TAX MAP NO. 11F-3-APT 05-20 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Soupharack Luangsthen PHONE: Business _____ Home 663 6962

ADDRESS 310 Sain St. Mooresville

LOCATION 64E TL Riverhill RD Part chestnut Grove Rd 1/4mi RT

SUBDIVISION Clover Downs BLOCK / SECTION _____ LOT 20-A LOT AREA 3/4 acre SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 TP Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 3 No. Employees _____

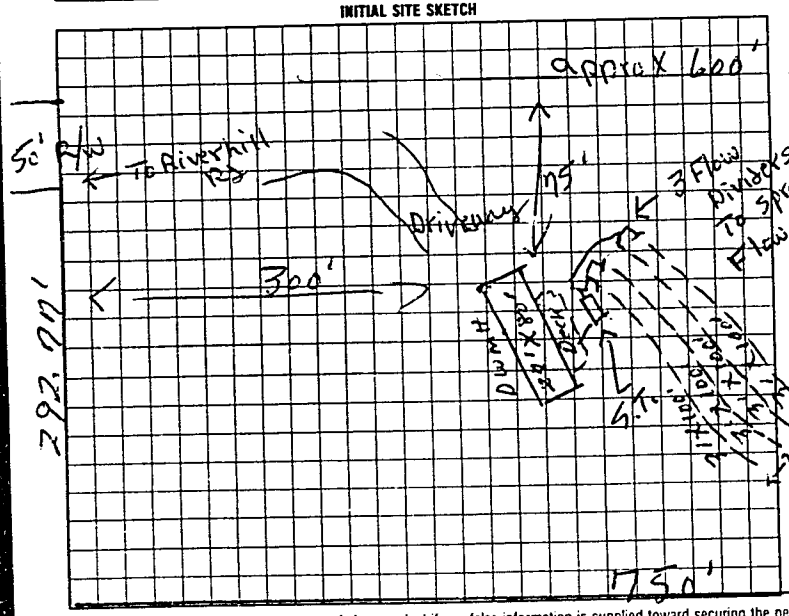
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

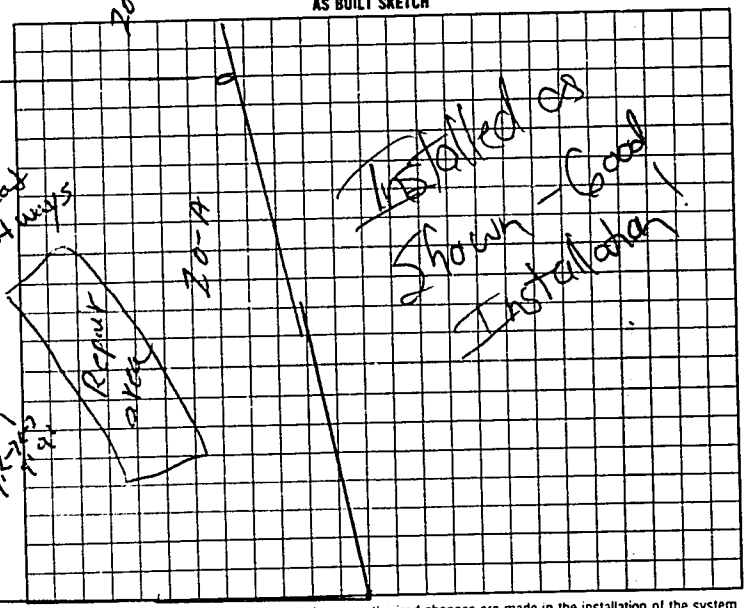
Comments:

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.

Signed: X Soupharack Luangsthen

Improvement Permit by: ~~Authorization~~ P. C. Moore date 5-9-96

Installed by: J. C. Forsyth

Certificate of Completion by: _____ date _____

Operation Permit by: P. C. Moore date 5-9-96 date 6/12/96

~~Existing System Information~~ Authorization to Const. EXPIRES 6 MONTHS FROM ISSUE

to const.

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

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