57399

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. 22011 DATE 9-1-95 TAX MAP NO. 13L-A-67 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Shirley Baker PHONE: Business _____ Home 872-0250

ADDRESS 2022 US Hwy 158 Mocksville N.C.

LOCATION I-77N Tl Tomlin Mill Rd. TR Jennings Rd Tl Monica Drive, go to back row, 2nd lot on L.

SUBDIVISION Rolling Hills MHP BLOCK / SECTION _____ LOT 133 LOT AREA .5 acre SITE CLASS: Existing DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank: _____ Gallons; STB _____ Date _____
Pump Tank: Existing Gallons; PT _____ Date _____
Pump Make: _____ Model System Serial No. Inspection
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: Existing System
Repair System Description: Inspection
Maintenance Agreement Required: ☐ Yes ☐ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees ___
☐ Other _____

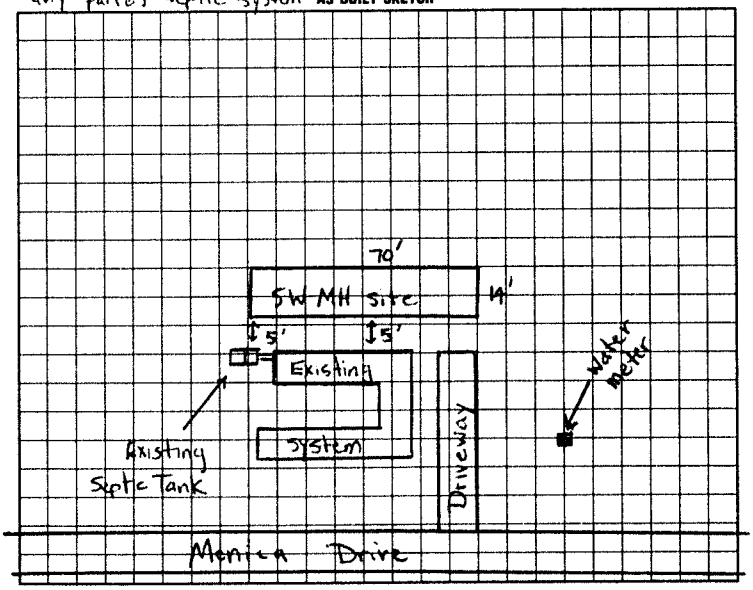
Water Supply:
☐ Individual
☑ Community
☐ Public

Comments:

Comments: Lt vacant for period of time. Replacing 14'x74' 3 Bedroom SW MH with 19'x70' 3 Bedroom SW MH. System slightly saturated. System shows no visible signs of malfunction at time of inspection. Keep SW MH min. 5' from any part of septic system.

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: Michael J. Dennis date 9-1-95 Operation Permit by: _____ date _____

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