48673

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. 16940 DATE 9-2-93 TAX MAP NO. 5D-A-90

OWNER OR CONTRACTOR Paul Wellman PHONE: Business _____ Home _____

ADDRESS 210 Broadway Ct., Statesville, N.C. 28677

LOCATION I40W TL Old Mtn Rd. TR Hwy 70W TL Eufola Rd, TR 1st dirt Rd after Church - Lot at end on L.

SUBDIVISION NA BLOCK / SECTION _____ LOT 90 LOT AREA 100'X 351' SITE CLASS. P.S. L.T.A.R. .35 gpd/ft²

Water Supply: ☑ Individual ☐ Community ☐ Public Well To Be Located.

Septic Tank: 1000 Gallons; STB 1012 Date 9-10-93

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'

No Lines 5 Trench Width 36" Trench Depth 18"-30" Gravel Depth 12"

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

System Description: conventional, gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees —

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

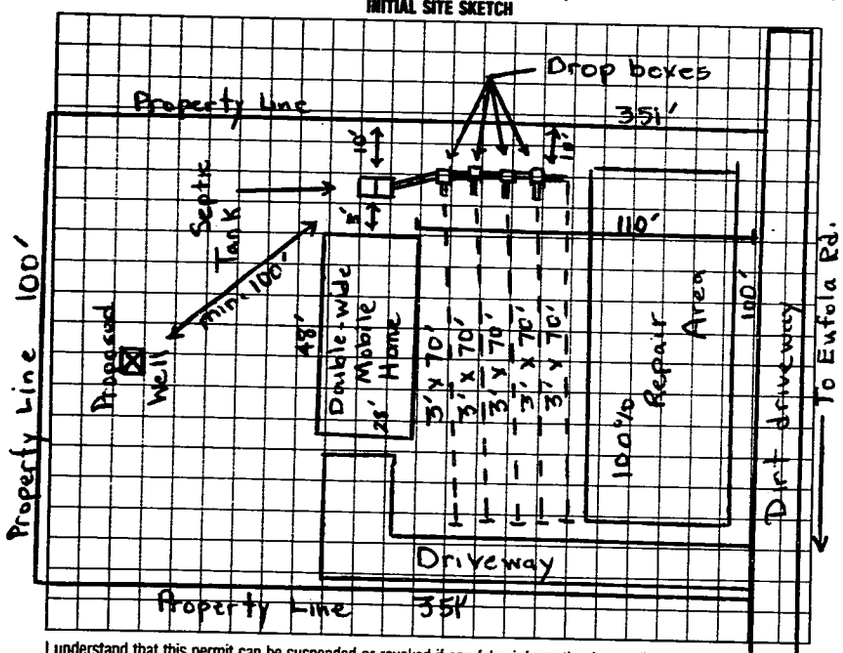
Auto. Washing Machine: ☑ Yes ☐ No

Other _____

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

Comments INSTALL SYSTEM SHALLOW (no deeper than 30" to trench bottom) keep Nitrification Lines on contour. Keep system 5' from foundation of home, 10' from all property lines, and 100' from any well. 100% repair Area below system, conventional, gravity fed.

INITIAL SITE SKETCH



AS BUILT SKETCH

Well Not located At time of This inspection Place as shown on Sketch Keep min 100' from S.T.

Same as initial 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: X Paul Wellman

Improvement Permit by: Michael J. Dennis date _____

Existing System Inspection by: _____ date _____

Installed by: Forest Shuford

Certificate of Completion by: C. C. Moore date 10-4-93

Operation Permit by: _____ date _____

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