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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. 17525 DATE Feb 18, '94 TAX MAP NO. 2L3A289 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Wayne G. Willard PHONE: Business _____ Home (910) 725-2514 L.M.

ADDRESS 140 Warwick Green Road Winston Salem, NC 27104

LOCATION 1400 TR 1115 TR Lakeview Dr, TL Abbot TR Lakeview TL Courtney Cave on Right

SUBDIVISION Crescent L.M. BLOCK / SECTION 8 LOT 259 LOT AREA ~1/2 Ac SITE CLASS. PS DESIGN FLOW 450 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB JM Hellinger Date 6-11-94

Pump Tank: 1000 Gallons; PT JM Hellinger Date 8-9-94

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: pumped conventional

Repair System Description: Cover HBVS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3½

☐ Business No. Employees ____

☐ Other _____

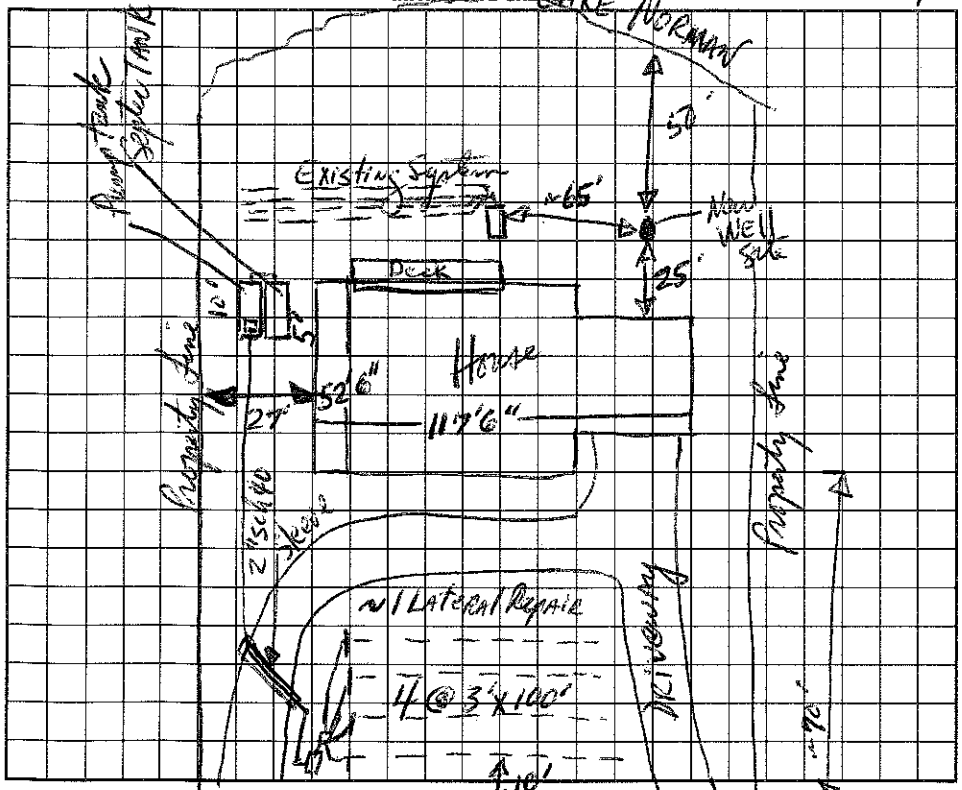
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Existing Well to be properly ABANDONED. Lakefront to be reclaimed w/lake eroded and ~~[illegible]~~ less than 50' between existing system and lake. Existing System to serve Laundry Room (washer, commode, sink) Left recorded prior to 1983

Comments: Tanks oriented in line / parallel to Rt side of home

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. Courtney Cave

Signed: _____

Improvement Permit by: Jack R. Hinson, RS date 2/18/94

Existing System Inspection by: _____ date _____

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: Jack R. Hinson, RS date 1-3-95

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