4627100843

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. 21909 DATE 9/6/95 TAX MAP NO. 2L-3-A-281 Watershed: [X] Yes [ ] No

OWNER OR CONTRACTOR Don Wemlinch PHONE: Business 664-7727 Home

ADDRESS 119 Portland ct Mooresville NC. 28115

LOCATION Lakewood Shores Loop. - on (L) before Abbott Ln.

SUBDIVISION CL+T BLOCK / SECTION 8 LOT 281 LOT AREA ~.84 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: Existg Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet Existg Sys Linear Feet

No Lines Trench Width Max Trench Bottom Depth Gravel Depth

[ ] New System [ ] Repair System Type: I, [X] II, III, IV, V, VI

System Description: Existg System

Repair System Description:

Maintenance Agreement Required: [ ] Yes [X] No

[ ] House/Mod. Home No. Bedrooms 3

[X] Mobile Home No. Bathrooms 2

[ ] Business No. Employees

[ ] Other

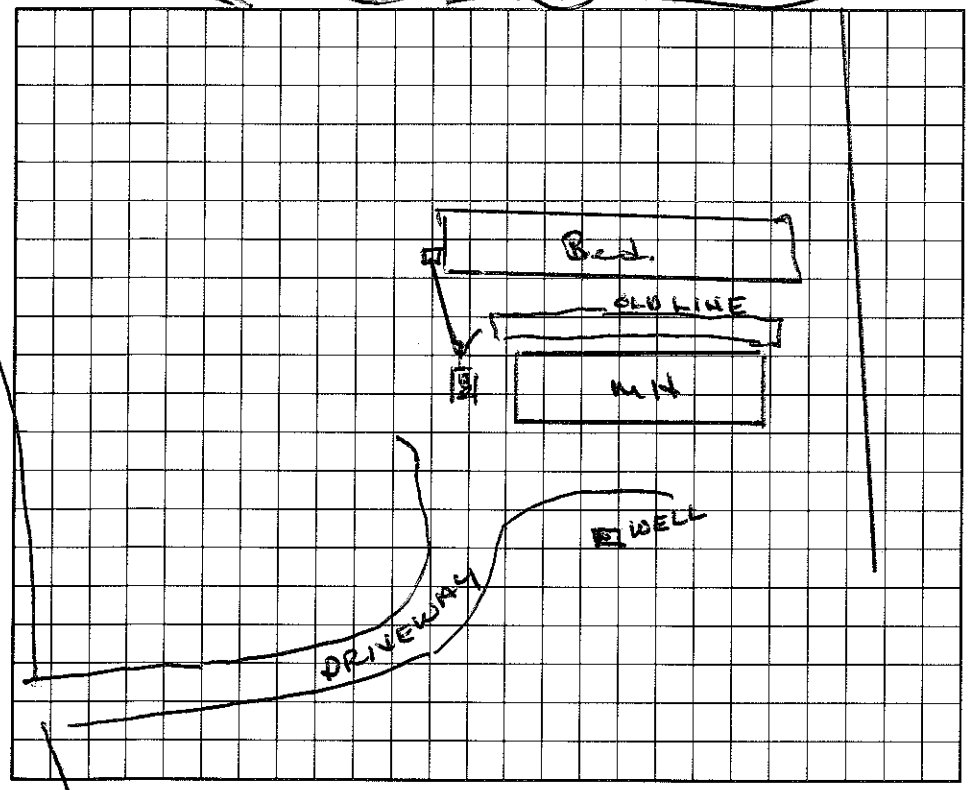
[ ] Slab [ ] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] 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:

Improvement Permit by: date

Existing System Inspection by: Wesley Sparks date 9/6/95

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

IREDELL COUNTY HEALTH DEPARTMENT

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IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. _____ DATE June 25, 93 TAX MAP NO. _____

OWNER OR CONTRACTOR Dwight David Kelly PHONE: Business _____ Home _____

ADDRESS _____

LOCATION 1100 TR 1115 TR 1453 TL Abbot TR Lakeview ~½ mile on left just before Courtney LANE

SUBDIVISION Lake Norman Crescent BLOCK / SECTION 8 LOT 281 LOT AREA _____ SITE CLASS. _____ L.T.A.R. _____

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1+Ex. Square Feet 840 Linear Feet 280

No Lines _____ Trench Width 12" Trench Depth ~36" Gravel Depth 12"

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

System Description: _____

Repair System Description: BR valve, gravel bed

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☑ No

☐ Mobile Home No. Bathrooms 1 Auto. Dishwasher: ☐ Yes ☑ No

☐ Business No. Employees _____ Auto. Washing Machine: ☑ Yes ☐ No

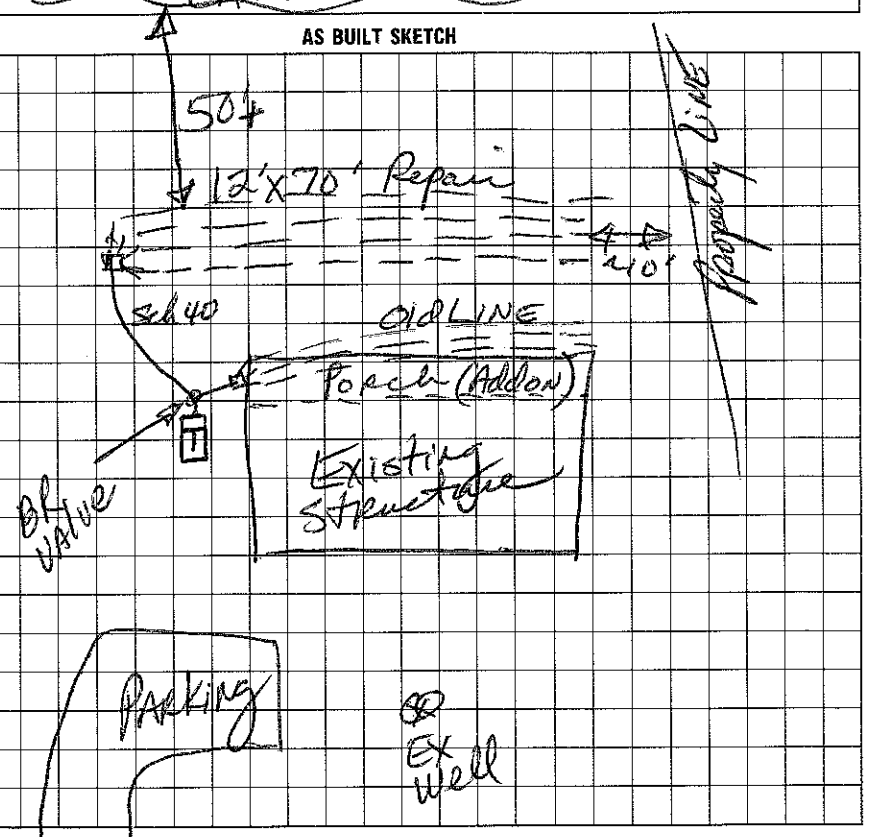
☐ Other _____ Other _____

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

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: _____ Installed by: Richard Abernathy

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date 6/25/93

Existing System Inspection by: _____ date _____ Operation Permit by: _____ date _____

DENIED

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