IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 160355 PIN# 4627-61-8778 DATE 3-17-10

OWNER OR APPLICANT WESLEY MCLEMORE PHONE: Business 980-219-1211 Home

ADDRESS 1027 SW DRIVE DAVIDSON, NC 28036

LOCATION BSR, TR MCKENDREE, TR GRASSHOPPER, ON R

SUBDIVISION CL&T BLOCK / SECTION 8 LOT 448 LOT AREA .65 AC SITE CLASS. DESIGN FLOW 480GPD L.T.A.R. .3

Septic Tank: EX. 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet Linear Feet

No Lines Trench Width EXISTING Max Trench Bottom Depth Gravel Depth

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

System Description: GRAVITY RED & GRAVITY PANEL

Repair System Description: GRAVITY PANEL TS II

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Persons No. Employees

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments/Conditions: 1) SYSTEM WORKING GOOD @ TIME OF INSPECTION 2) REPAIR PRETREAT TS-II 3) SHOWN WELL MUST BE ABANDOND BEFORE OP ISSUED 4) HOUSE PLANS TO BE APPROVED BEFORE AC

INITIAL SITE SKETCH

SEE PLAN FROM ROLLANS SOIL & ENVIRONMENTAL SERVICES APPROVED BY ICHD

Comments/Conditions:

* NEW FILTER TO BE INSTALLED & CHECKED FOR OPERATION PERMIT-

well abandonment permit issued

AS BUILT SKETCH Well abandoned 3/3/11

RAISED ABERNATHY 7-12-11

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 with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: C. Agent date 3/19/10

Improvement Permit by: REHS date 5-18-10

Authorization to Construct by: REHS date 10-27-10

Installed by: RICHARD ABERNATHY

Operation Permit by: REHS date 7-12-11

Existing System Inspection by: date

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

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

Madison

PROPERTY DESCRIPTION NO. 20187 DATE Feb 2, '95 TAX MAP NO. 2L2A448 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Clyde A Moore SR PHONE: Business _____ Home _____ CN WASTE

ADDRESS 914 Taylor St Kannapolis NC

LOCATION 1100 Crescent LN TR 1115 TR 1215 Bear Pt Lake Norman Cable Dr Forbes Nv mile on Rt

SUBDIVISION Crescent LN BLOCK / SECTION 8 LOT 448 LOT AREA _____ SITE CLASS. PS per 1957 DESIGN FLOW 480 gpd L.T.A.R. .3-.4

Septic Tank: Existing 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1+EX Square Feet _____ Linear Feet 120'+

No Lines 3 Trench Width 24" Max Trench Bottom Depth 28" Gravel Depth NA

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

System Description: gravity PPBPS

Repair System Description: pumped PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

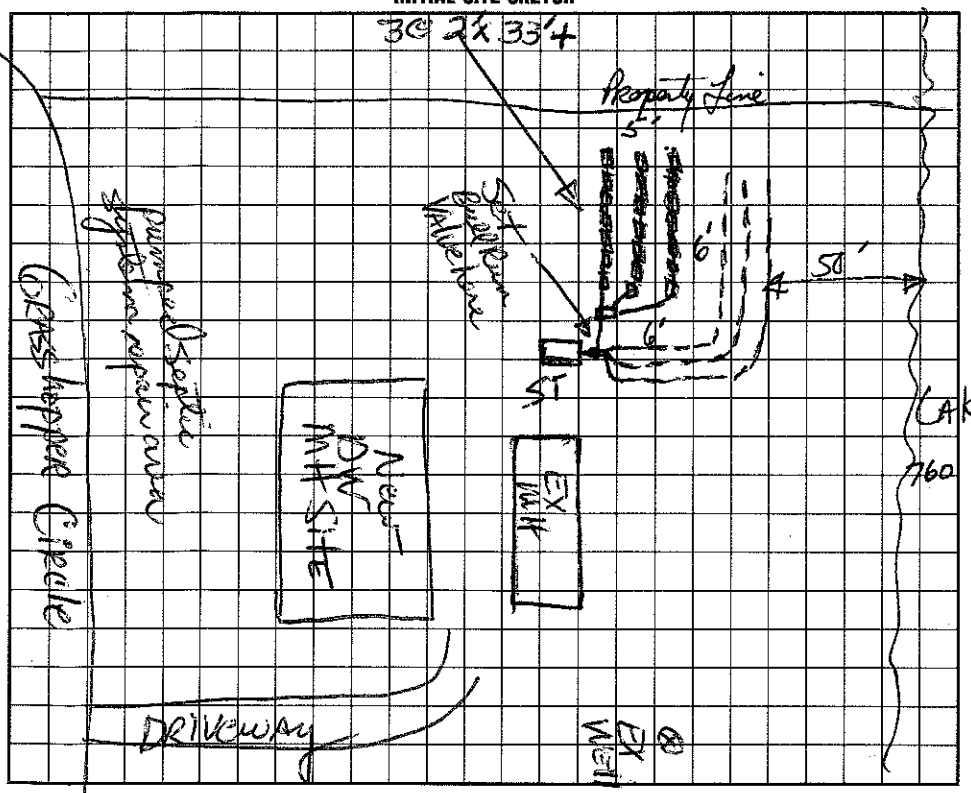
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Keep laterals shallow.

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: X Clyde A Moore

Installed by: Kenny Madison

Improvement Permit by: David R Hanson, RS date 2-1-95

Certificate of Completion by: _____ date _____

Existing System Inspection by: _____ date _____

Operation Permit by: Wesley Sparks RS. date 10/31/96

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