IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 190.00 Paid MOORESVILLE 70 4-5281

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

PERMIT# 116535 PIN# 4627-96-2249 DATE 11/7/03

OWNER OR CONTRACTOR Donald Wilkinson PHONE: Business Home 704-665-3799

ADDRESS 442 Green Bay Rd, Mooresville NC 28117

LOCATION 150W, TL Quiet Cove, TR Ridge top, TR Green bay H 442 on Lt

SUBDIVISION CL+T BLOCK / SECTION 10 LOT 169 LOT AREA 1.08 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1007 Date 9/11/03
Pump Tank: 1000 Gallons; PT 274 Date 10/8/03
Pump Make: Zoeller Model 152-0452 Serial No. 1115 Gal
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 5@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PM - 25% Reduction
Repair System Description: Deed Prior to 1985 *
Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

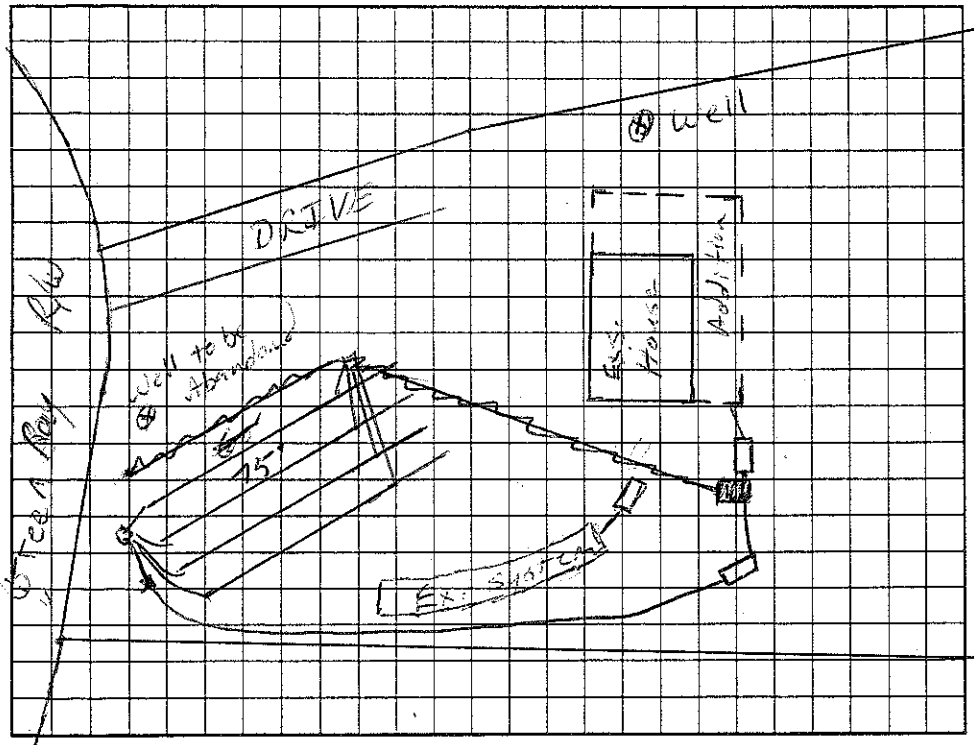
☐ Slab ☒ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community Existing

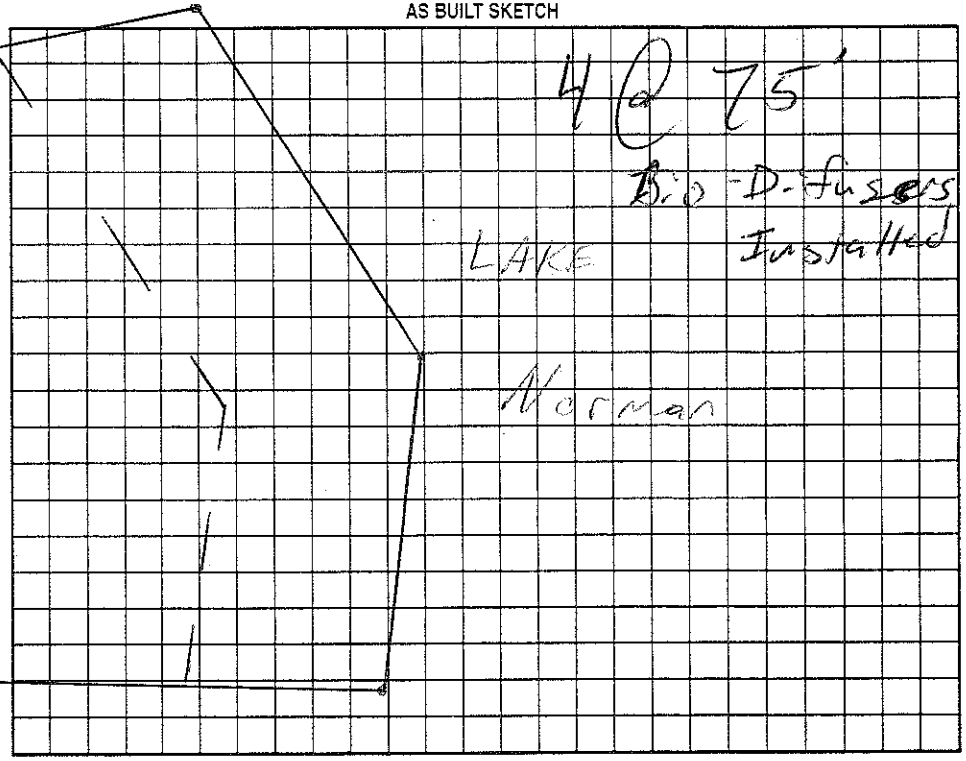
Comments:/Conditions: Abandon Existing System

Comments:/Conditions: Partial
* Possible Drop or [illegible] at grade System for Repair between House + Lake

INITIAL SITE SKETCH



AS BUILT SKETCH



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: [signature] date 11-10-03 Installed by: Wayne Clontz

Improvement Permit by: [signature] RS date 11/7/03 Operation Permit by: Wesley Sparks RS. date 4/20/04

Authorization to Construct by: [signature] RS date 11/10/03 Existing System Inspection by: date

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