IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 4636-11-6361 DATE 12/9/02

OWNER OR CONTRACTOR Wilbur Bascom PHONE: Business 704-598-2201 2314 Home

ADDRESS 165 Wynward Ln. Mooresville, NC. 28117

LOCATION 1100 Tl Shelt Pines TR Cove Creek Tl Wynsweept TR Wynward to culdesac

SUBDIVISION North Shore BLOCK / SECTION 2 LOT 43 LOT AREA SITE CLASS. DESIGN FLOW 480 L.T.A.R.

Septic Tank: 1000 Gallons; STB 794 Date 9/18/02

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet NONE Linear Feet ADDED

No Lines Trench Width Max Trench Bottom Depth Gravel Depth

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

System Description:

Repair System Description: New ST + Dist Box

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Bathrooms 3 No. Employees

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

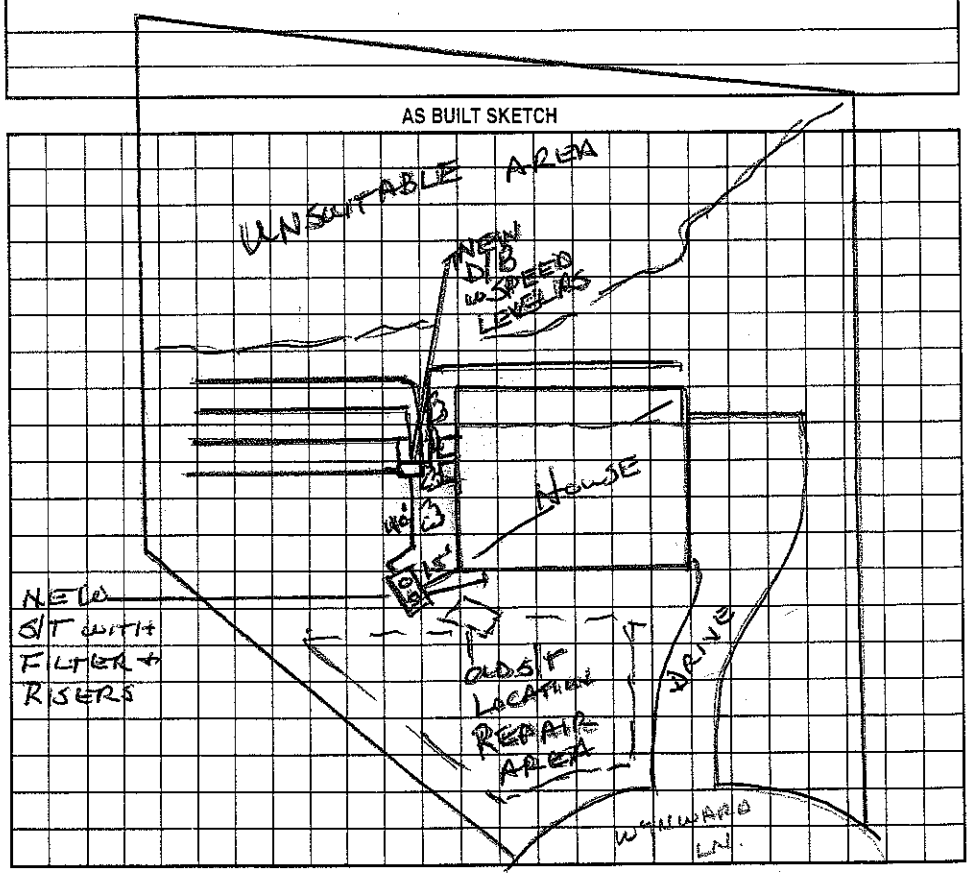
Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions:

INITIAL SITE SKETCH

Comments:/Conditions:

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: date

Improvement Permit by: date

Authorization to Construct by: date

Installed by: Stanley Septic Service

Operation Permit by: Wesley Sparks R.S. date 12/9/02

Existing System Inspection by: date

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

IREDELL COUNTY HEALTH DEPARTMENT

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

PROPERTY DESCRIPTION NO. 17807 DATE 3-25-94 TAX MAP NO. 2F B-10 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR ~~CRESCENT RESOURCES~~ ROBERT INGRAM Telephone: Business 663 6905 TC JACOBS Home

ADDRESS PO BOX 1003 CHARLOTTE NC 28201

LOCATION SOUTH FROM SR 1100 ONTO 1113, OFF WEST SIDE OF 1113, LOT LEFT OF WYNWARD LANE CUL DE SAC

SUBDIVISION NORTHSHORE BLOCK / SECTION II LOT 43 LOT AREA 20000MN SITE CLASS. P DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1599 Linear Feet 533

No Lines 6 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: pump conventional

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

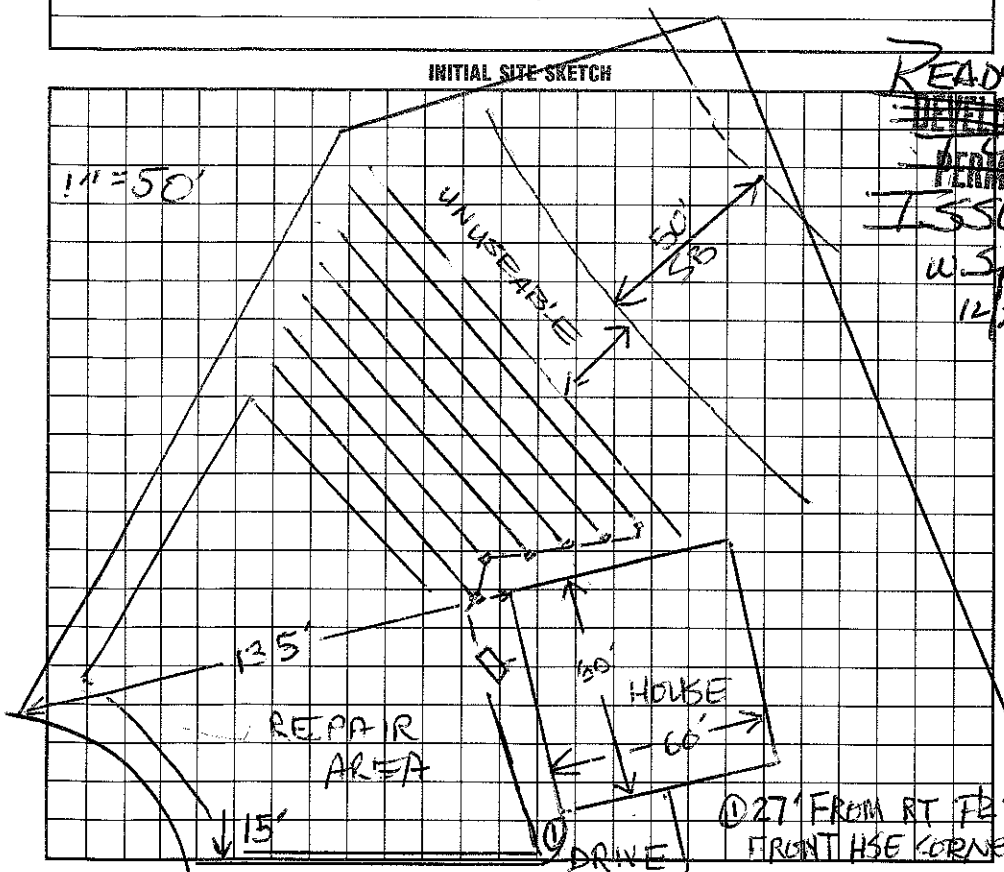
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Community ☐ Public

Comments: SITE DISTURBANCE THAT REDUCES AVAILABLE SPACE COULD JEOPARDIZE PERMIT &/OR SYSTEM DESIGN

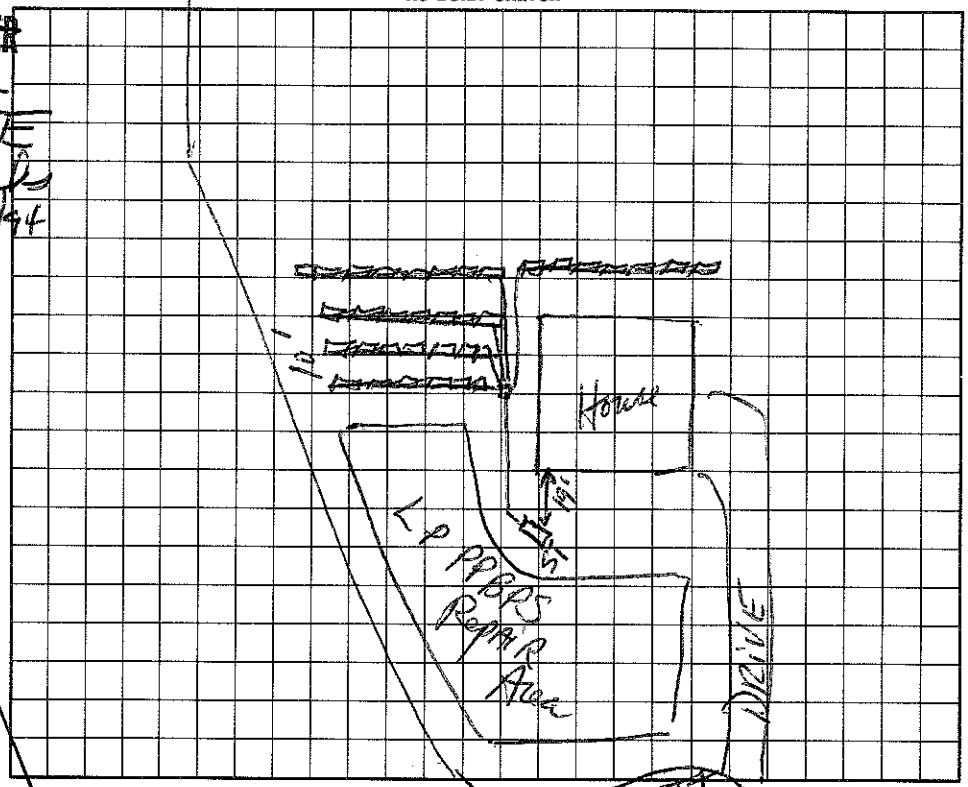
Comments: House not located as shown on this permit; full basement installed & Tank relocated. Seam at tank halves below basement floor level. Panel block installed due to space problems. DKH

INITIAL SITE SKETCH



READY ~~DEVELOPER~~ PERMIT ISSUE W Sparks 12/29/94

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: Tony C Jacobs Wesley (B) Sparks ↑ RT FR

Improvement Permit by: Authorized Issuer date 3-25-94

Existing System Inspection by: ____ date ____

Installed by: Ken Painter Ellenboro Grading

Certificate of Completion by: ____ date 6/19/95

Operation Permit by: ____, RS date 6/19/95

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