...ELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 16879 DATE september 30, 1993 TAX MAP NO. 2N-A-20 4637 06 08 78

OWNER OR CONTRACTOR Tom Wilson Real Dev. PHONE: Business 704-663-5115 Home

ADDRESS ~~pt 4 box 11 Mooresville, NC 28115~~

LOCATION ~~on west side of ridge top road; from I-77 about 3 mi. west on s/s of hwy 150~~

SUBDIVISION Spring Acres BLOCK / SECTION III LOT ~~57~~ 60 LOT AREA 0.51 SITE CLASS. P L.T.A.R. 0.3

DEVELOPED PERMIT

Water Supply: ☒ Individual ☐ Community ☐ Public

Septic Tank: ~~1000~~ 1000 Gallons; STB 794 Dellinger Date 9-23-94

Pump Tank: ~~na~~ 1000 Gallons; PT 27 Date 9-9-94

Nitrification Field: No Fields 1 Square Feet ~~1200~~ Linear Feet ~~400~~

No Lines ____ Trench Width 36" Trench Depth ~~24~~" Gravel Depth 12"

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

System Description: pressure corrections

Repair System Description: pressure reds

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

Garbage Disposal: ☐ Yes ☒ No

Auto. Dishwasher: ☒ Yes ☐ No

Auto. Washing Machine: ☐ Yes ☐ No

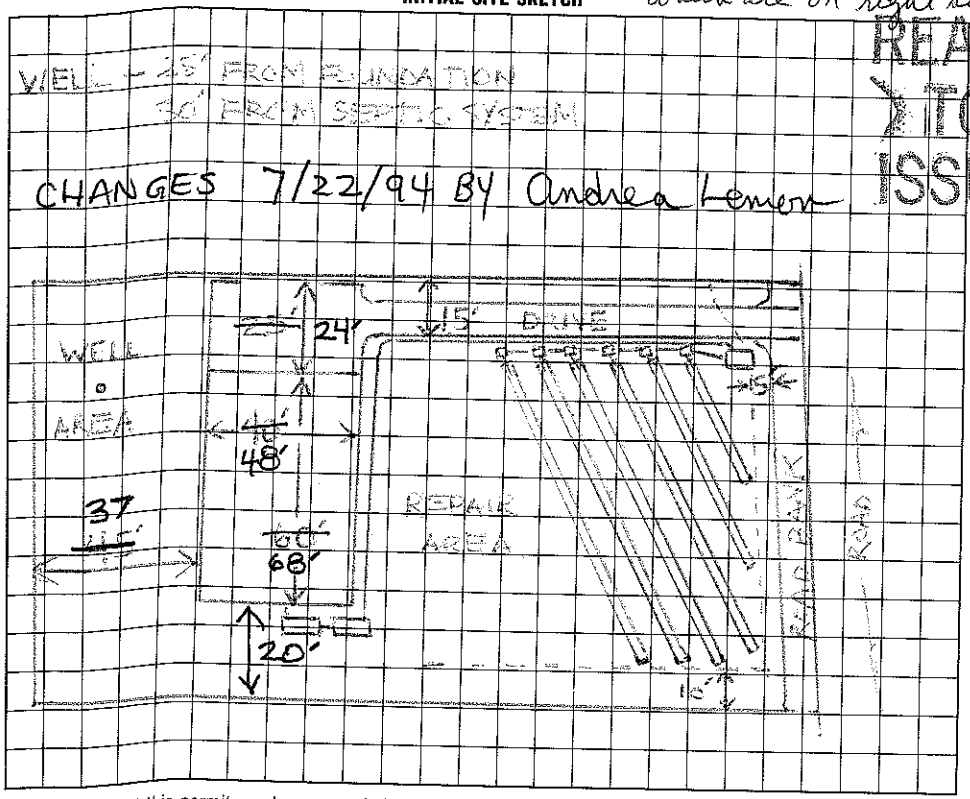
Other ____

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

Comments do not install during wet soil comditions or rain. additional instructions may be made upon reissuance. WASHER BOX 6' to 5' FROM FRONT R.

Garage entrance is front entry which used more space - Repair area is now in 2 areas which are on right side of house and some in front below initial system.

INITIAL SITE SKETCH



READY TO ISSUE

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: Andrea Young

Improvement Permit by: Andrea Lemon date 10-5-93

Existing System Inspection by: ____ date ____

Installed by: F J Ervin

Certificate of Completion by: ____ date ____

Operation Permit by: David Stinson IRS date 12/1/94

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