IREDELL COUNTY HEALTH DEPARTMENT

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

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

DEVELOPER PERMIT

PROPERTY DESCRIPTION NO. 16887 DATE sept. 30, 1993 TAX MAP NO. 2N-A-20

OWNER OR CONTRACTOR Tom Wilson PHONE: Business 704-663-5115 Home 4637072274

ADDRESS Rt 4 box 11 Mooresville, NC 28115

LOCATION on left side of ridge top road; from I-77 about 3 mi. west on south side of hwy150

SUBDIVISION Spring Acres BLOCK / SECTION III LOT ~~65~~52 LOT AREA 0.77 SITE CLASS. P L.T.A.R. 0.3

Water Supply: [X] Individual [ ] Community [ ] Public

Septic Tank: 1000 Gallons; STB 794 Date 9/8/94

Pump Tank: 1000 Gallons; PT 27 Date 9/11/94

Nitrification Field: No Fields 2 Square Feet 1200 Linear Feet ~~450~~ 420

No Lines 6 Trench Width 36 Trench Depth 24' Gravel Depth 12'

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

System Description: ~~gravity conventional~~

Repair System Description: gravity conventional

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

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

Garbage Disposal: [ ] Yes [X] No

Auto. Dishwasher: [X] Yes [ ] No

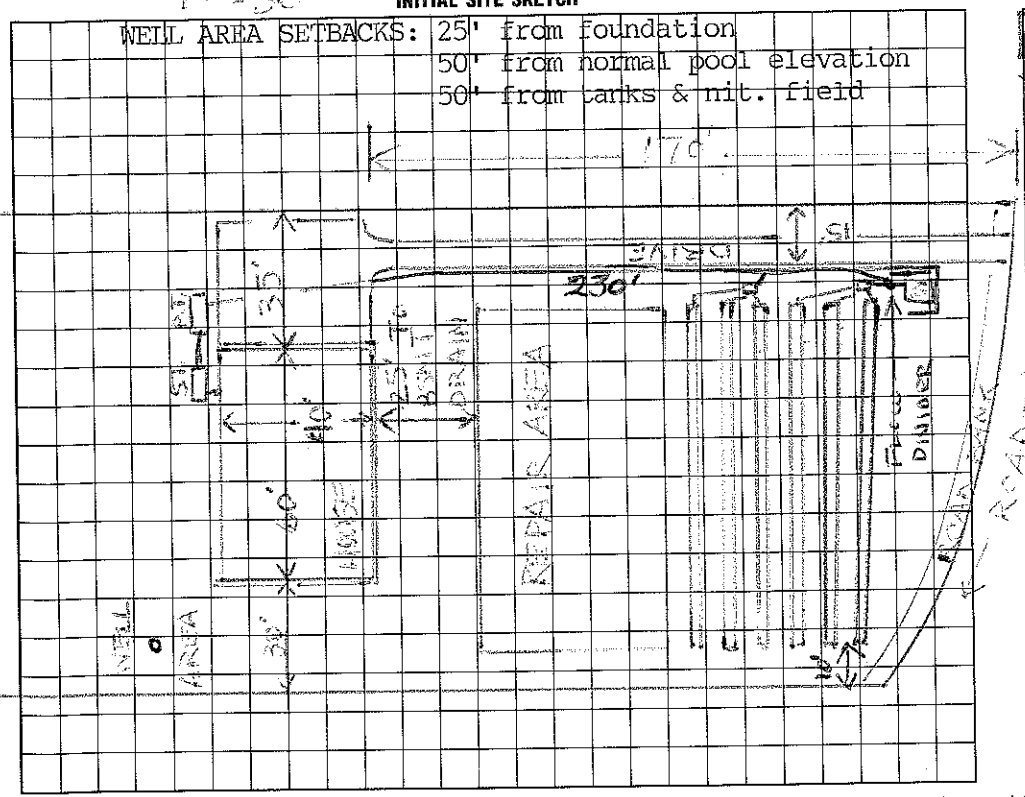
Auto. Washing Machine: [X] Yes [ ] No

Other

Comments do not install during wet soil conditions or rain. ~~additi~~ additional instructions may be made upon reissue. septic tank and pump station installed per NCAC ~~XXA~~ 15A 18A .1952. turn down pumpline in washer box & sleeve pumpline under drive.

1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH

READY TO ISSUE 7-27-94 A.C.

Well not drilled on 11/1/94

Installed as shown on Prop. Permit.

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: Marcia Young

Improvement Permit by: [illegible] date [illegible]

Existing System Inspection by: date

Installed by: F J Ervin

Certificate of Completion by: Wesley Sparks RS date 11/1/94

Operation Permit by: date

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