IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 16885 DATE sept. 30, 1993 4637073010 TAX MAP NO. 2N-A-20

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

ADDRESS rt 4 box 11, Mooresville NC 28115 PERMIT

LOCATION on left @ 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 ~~68~~ 54 LOT AREA .88 ac SITE CLASS. P L.T.A.R. 0.3

Water Supply: ☒ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 24 Dellinger Date 4-3-94

Pump Tank: max 1000 Gallons; PT 27 Dellinger Date 4-21-94

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

No Lines 5 Trench Width 36" Trench Depth 24" Gravel Depth 12"

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

System Description: ~~gravity conventional~~

Repair System Description: grav conv

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees

Garbage Disposal: ☐ Yes ☒ No

Auto. Dishwasher: ☒ Yes ☐ No

Auto. Washing Machine: ☒ Yes ☐ No

Other

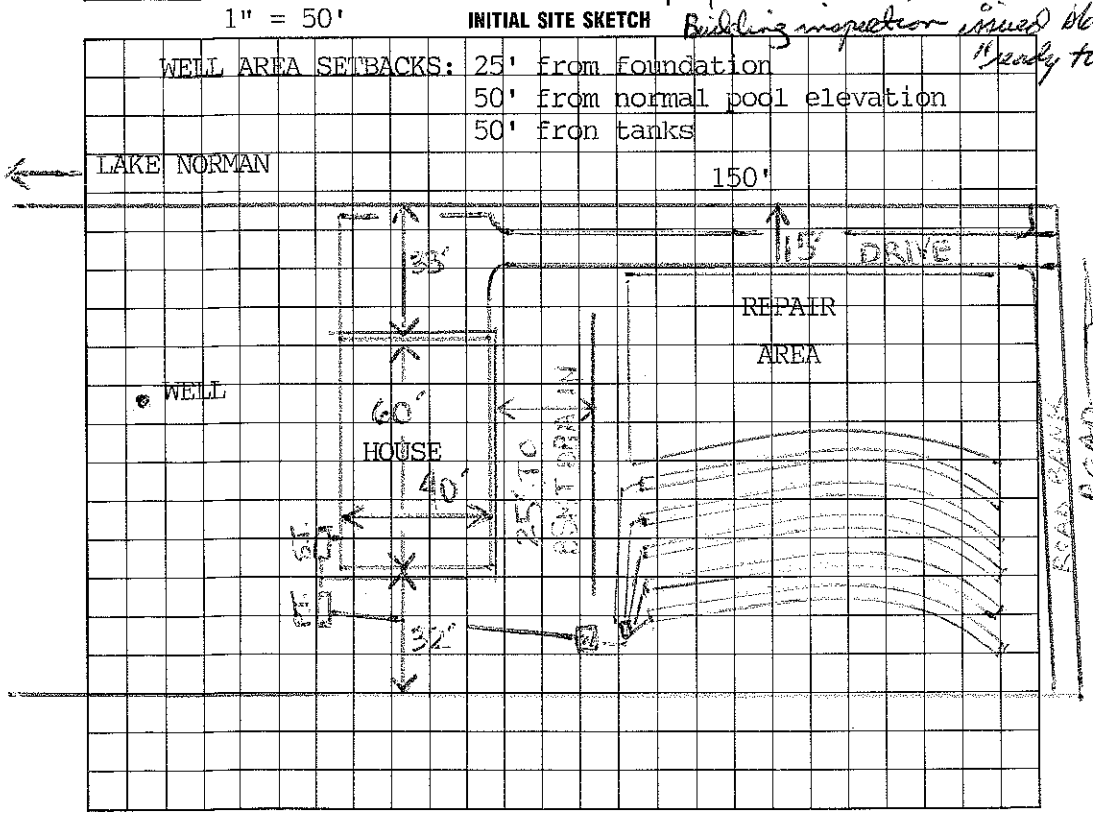
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments ~~do not install during wet soil conditions~~ or rain. additional instructions may be made upon reissuance. septic tank and pump station installed per NCAC 15A 18A .1952 .
6-9-94 Change in layout approved to install on contour
6/13/94 Tank & lines installed; 7/12/94 Alarm checked; system closed

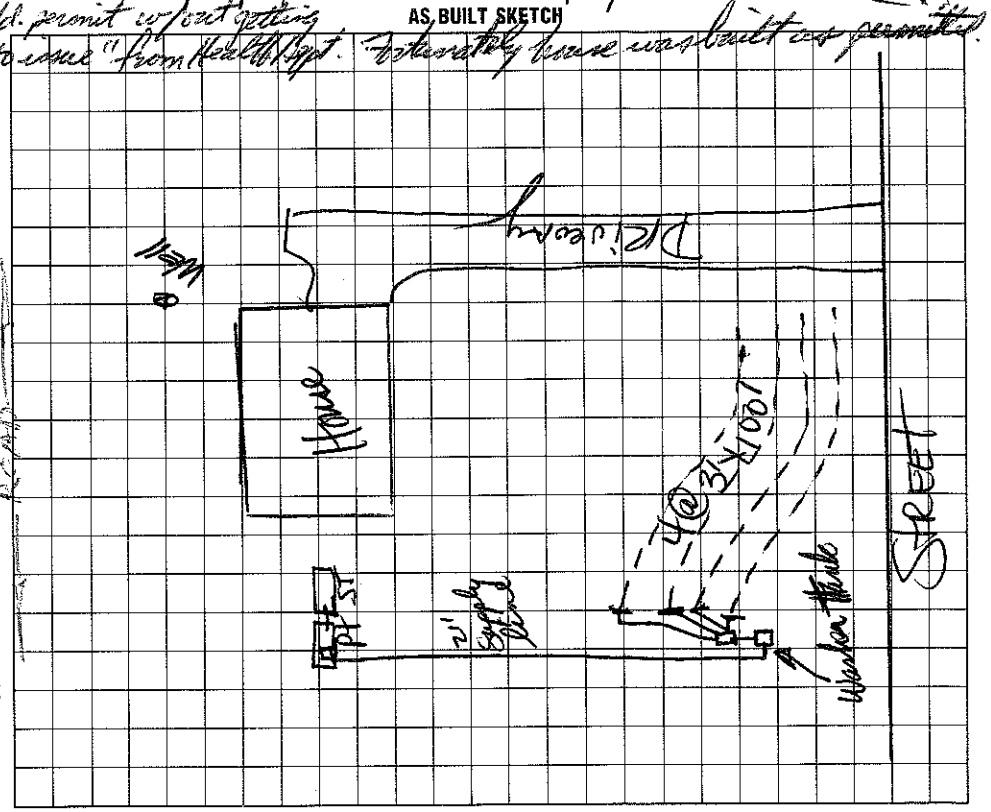
1" = 50'

INITIAL SITE SKETCH

Building inspector issued bld. permit w/out getting "ready to issue" from Health Dept. Internally lease unpermitted permitted



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: Wanda Young

Improvement Permit by: [illegible] date 10-7-93

Existing System Inspection by: _____ date _____

Installed by: [illegible]

Certificate of Completion by: _____ date _____

Operation Permit by: [illegible] RS date 7/12/94

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