IREDELL COUNTY HEALTH DEPARTMENT

Existing System

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

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

PERMIT# 14373 PIN# 4637255203.000

OWNER OR APPLICANT Clate Wingler DATE 8/6/07

ADDRESS 159 Riverwood Rd. Mooresville, NC 28117 PHONE: Business 704 664-6786 Home ~~704~~ 336-469-2100

LOCATION 150 w TL McCrary TL Riverwood Rd. on Right 159 Riverwood Rd.

SUBDIVISION CL&T BLOCK / SECTION 10 LOT 53 LOT AREA ≈.75ac SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. Existing System

Septic Tank: 1000 Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: Existing System Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200

No Lines 2 Trench Width Exis. Max Trench Bottom Depth Exis. Gravel Depth 10"+ ☐ Gravity ☐ Pressure

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

System Description: _____

Repair System Description: Existing System

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

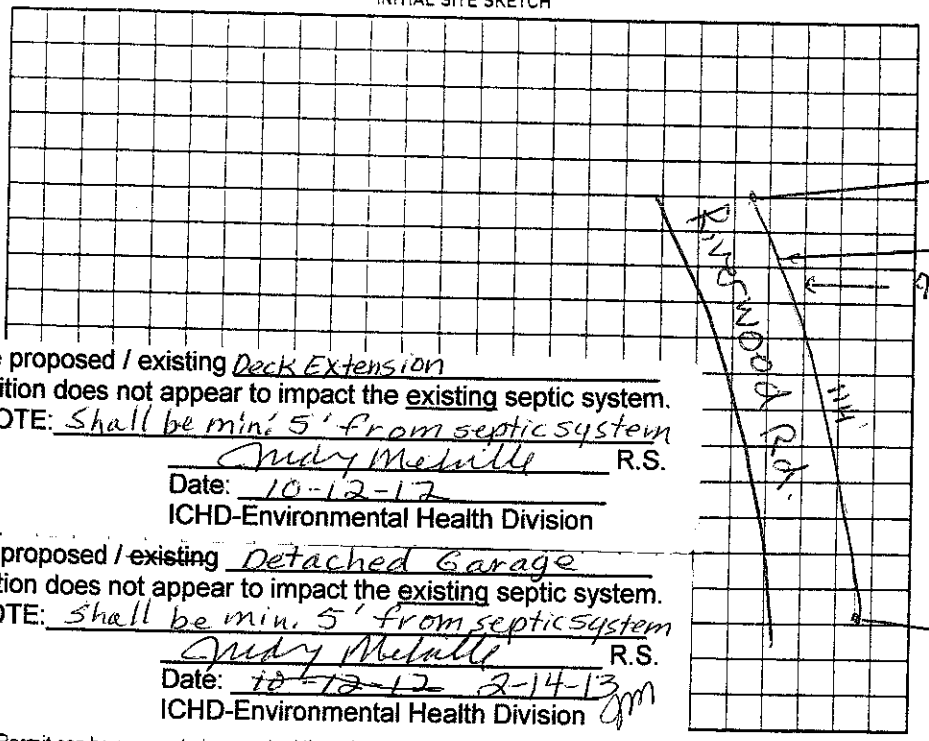
Water Supply: ~~☐ Individual~~ ☐ Public ☐ Community

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

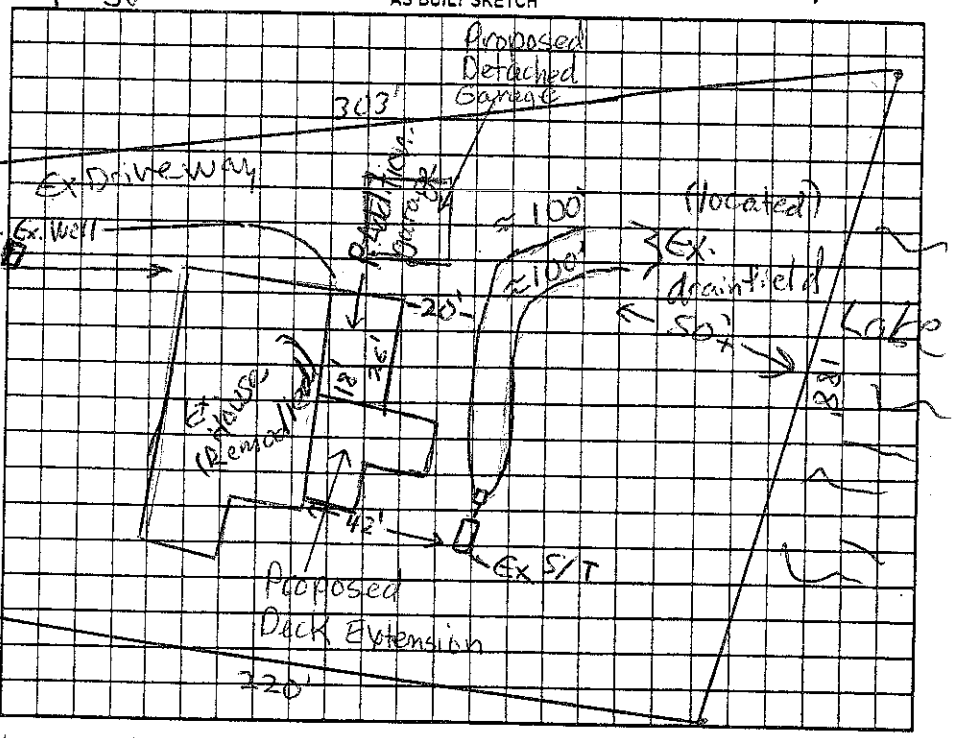
Comments:/Conditions:

Comments:/Conditions: Remodeling plans for total of 3BR's in house, same # of BR's as originally permitted. See permit no. 193 "1979" Jack Holsonback No visible malfunction of Exis. system, observed during inspection.

INITIAL SITE SKETCH



AS BUILT SKETCH 1"=50'



The proposed / existing Deck Extension addition does not appear to impact the existing septic system.

**NOTE: Shall be min. 5' from septic system

Cindy Melville R.S.

Date: 10-12-12

ICHD-Environmental Health Division

The proposed / ~~existing~~ Detached Garage addition does not appear to impact the existing septic system.

**NOTE: Shall be min. 5' from septic system

Cindy Melville R.S.

Date: ~~10-12-12~~ 2-14-13 gm

ICHD-Environmental Health Division

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: Clate Wingler date 8-6-07 Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Anthony Cohen Jr. date 8/6/07

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

4637 25 5203

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Jack Hobsonbark DATE 6-6-79 PERMIT NO. 193

PHONE: Business _____ Home _____

LOCATION 150W TL on 1168 Bear left 1/4 mi on Rt.

SUBDIVISION NAME Lake Norman LOT NO. 53 SECTION OR BLOCK NO. 10 S. R. No. _____

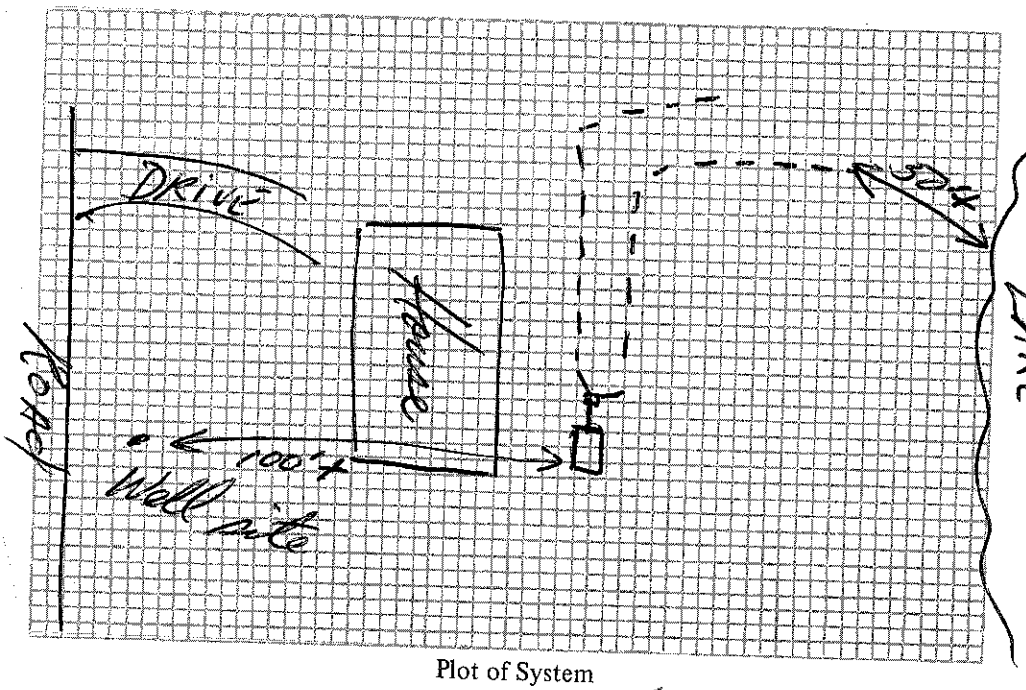
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Lot Area 3/4 AC

Character & Porosity of Soil Clay loam
Percolation Rate _____
Topography 2-4%
Depth to Water Table 4'+
Rock or other impervious formations none obs.



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 18+
Water Supply: Individual (✓)
Public ( )

Installed by JR Bowles

IMPROVEMENTS PERMIT BY John Houston

OMMENTS: _____

RTIFICATE OF COMPLETION BY David K Hinson DATE 6-6-79

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

2.00

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Jack Hobson Const DATE 9-7-78 PERMIT NO. 257

PHONE: Business 873 7100

LOCATION 150 W T2 on 1168 Bear Left 1/4 mi on right

SUBDIVISION NAME Lake Norman LOT NO. 53 SECTION OR BLOCK NO. 10 S. R. No.

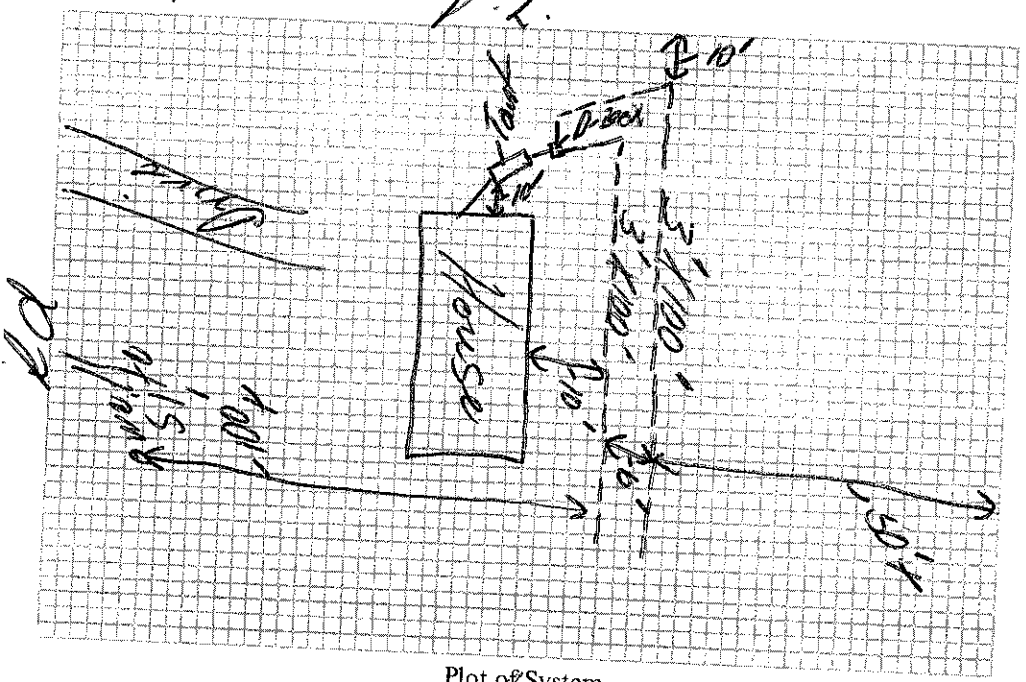
House (✓) Mobile Home ( ) Business ( ) Other

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Lot Area 3/4 ac

Character & Porosity of Soil Clay loam
Percolation Rate 60 min/in
Topography 5% Slope
Depth to Water Table 4 to 8'
Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by

IMPROVEMENTS PERMIT BY John Houston

COMMENTS:

CERTIFICATE OF COMPLETION BY DATE

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold