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. 4637 35 4881 DATE 9/23/97 TAX MAP NO. 2P14A50 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Bernard Meggison PHONE: Business _____ Home _____

ADDRESS 316 Whippoorwill Rd. Mooresville NC. 28115

LOCATION Whippoorwill Rd. off Doolie Rd, ~1 mile on R

SUBDIVISION Whippoorwill Woods BLOCK / SECTION _____ LOT 50 LOT AREA ~25,000 FT² SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: _____ Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____
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: _____
Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms ____
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

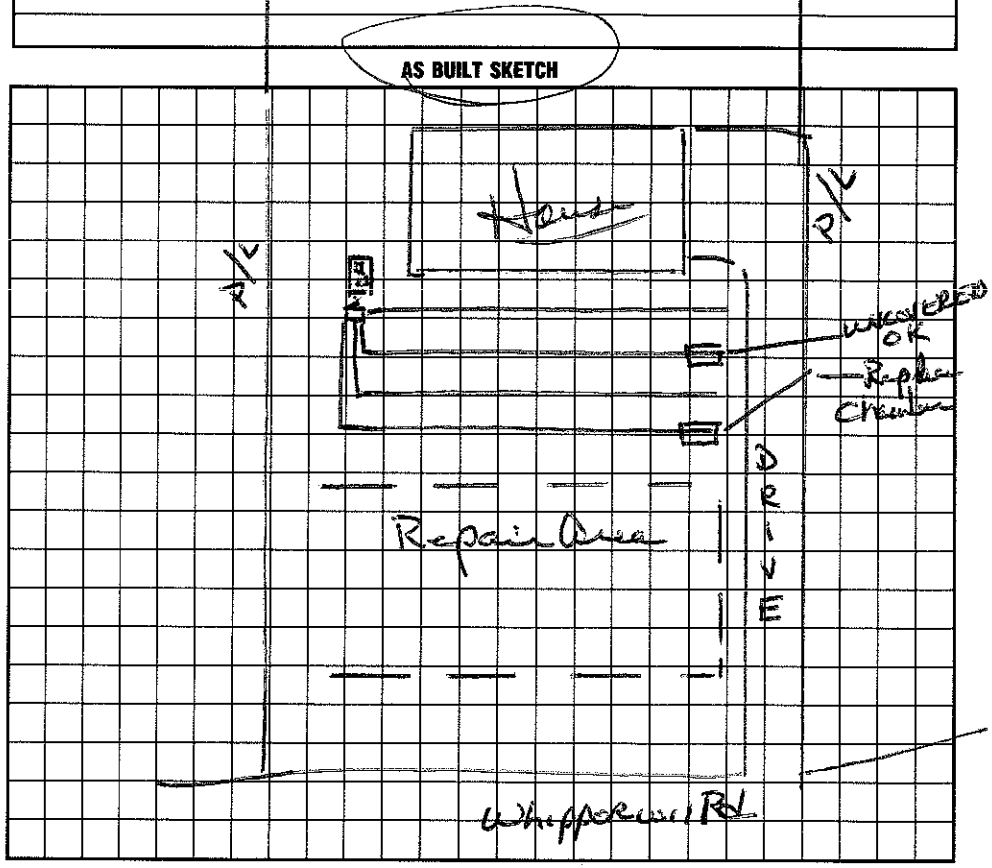
Water Supply:
☐ Individual
☐ Community
☐ Public

Comments: Replace two CH plastic sections.

Comments:

INITIAL SITE SKETCH

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: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: Finger Landscaping

Certificate of Completion by: Wesley Sparks R.S. date 9/23/97

Operation Permit by: Wesley Sparks R.S. date 9/23/97

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

IREDELL COUNTY HEALTH DEPARTMENT

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

4:00 - 4:15

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

PROPERTY DESCRIPTION NO. 18922 DATE Aug 29, '94 TAX MAP NO. 2P 14 A 50 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Bernard Messer PHONE: Business Home Lot

ADDRESS % Lakeshore Realty 336 Williamson Rd. Mooresville

LOCATION 150' + TR Woodie Rd. TR Whippoorwill Rd. ½ mile on Right

SUBDIVISION Whippoorwill Woods BLOCK / SECTION LOT 501 LOT AREA 25,000 ft² + SITE CLASS. 6 DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 786 Date 7-12-96

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: ~~gravity connected~~

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

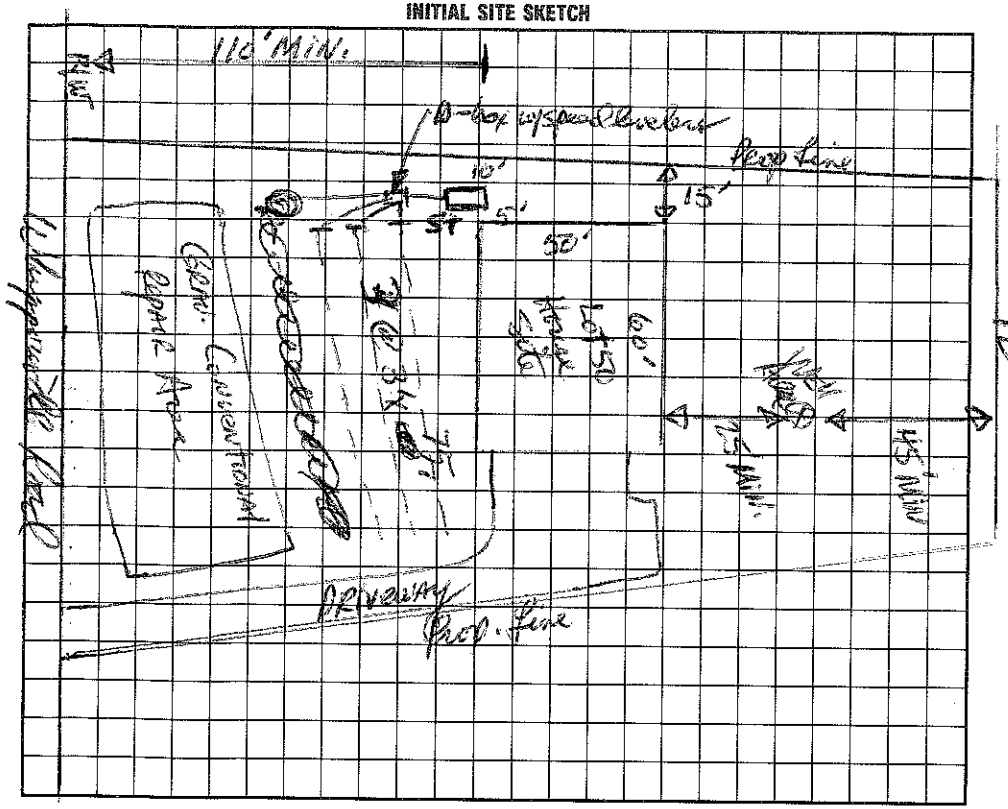
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Follow contour w/ laterals

Comments: (CUSTOMER)

INITIAL SITE SKETCH



AS BUILT SKETCH

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Signed: X

Improvement Permit by: David Hanson RS date 8/29/94

Existing System Inspection by: date

Installed by: FINGERS LANDSCAPING

Certificate of Completion by: date

Operation Permit by: C. Ray Hanson EHSE date 10/16/96

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