IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct

4637701807

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

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

PROPERTY DESCRIPTION NO. Repair DATE 5/2/96 TAX MAP NO. _____ Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Pete Meletis PHONE: Business 664-6556 Home _____

ADDRESS 186 Oak Tree Rd. Mooresville, NC. 28115

LOCATION D/W behind #186

SUBDIVISION N/A BLOCK / SECTION _____ LOT _____ LOT AREA EXISTING. SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 6" STAND

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

~~System~~ REPAIR Description: Infiltrator Plastic

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

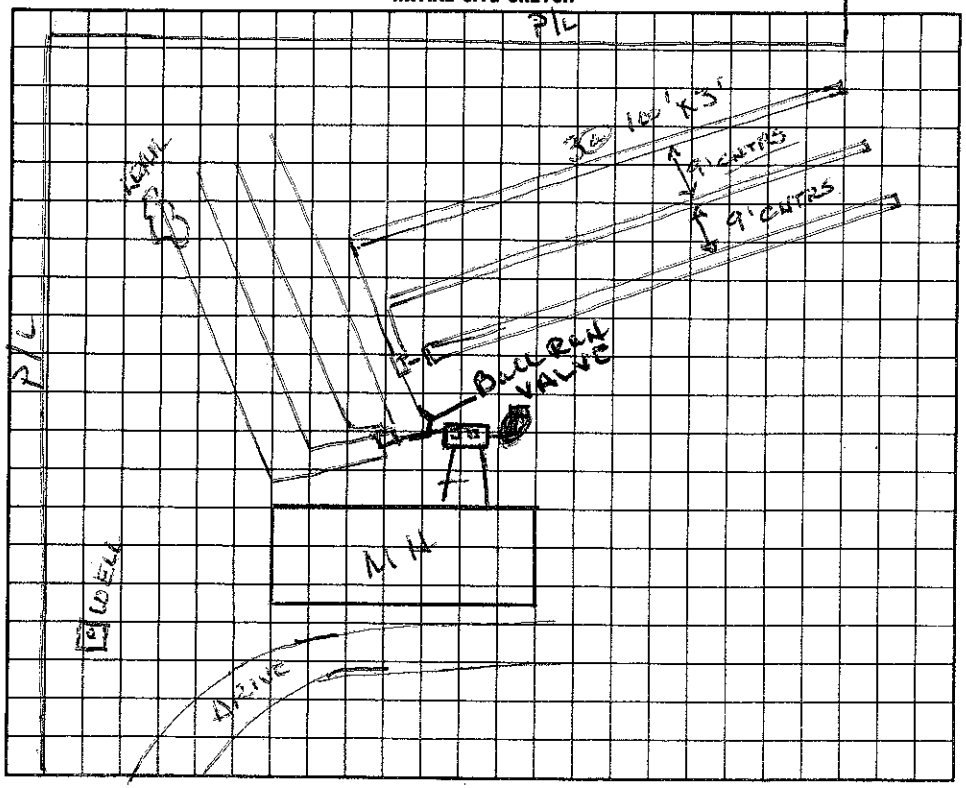
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments:

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.

Signed: _____

Improvement Permit by: _____ date _____

Authorization to Construct Existing System Inspection by: Wesley Sparks R.S. date 5/8/96

Installed by: Barry Thompson

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks R.S. date 9/26/96

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

15561

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Kathleen Scilly DATE 4/2/93 PERMIT NO. 24 of 2KA40

PHONE: Business _____ Home 664-4681

LOCATION 1100, TR OAKTREE RD., 1/4-1/2 mile on right, behind white brick house

S.R. No. _____

SUBDIVISION NAME _____ LOT NO. 1+2 COMBINED SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ (D/W) Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2 Soil Characteristics P - C

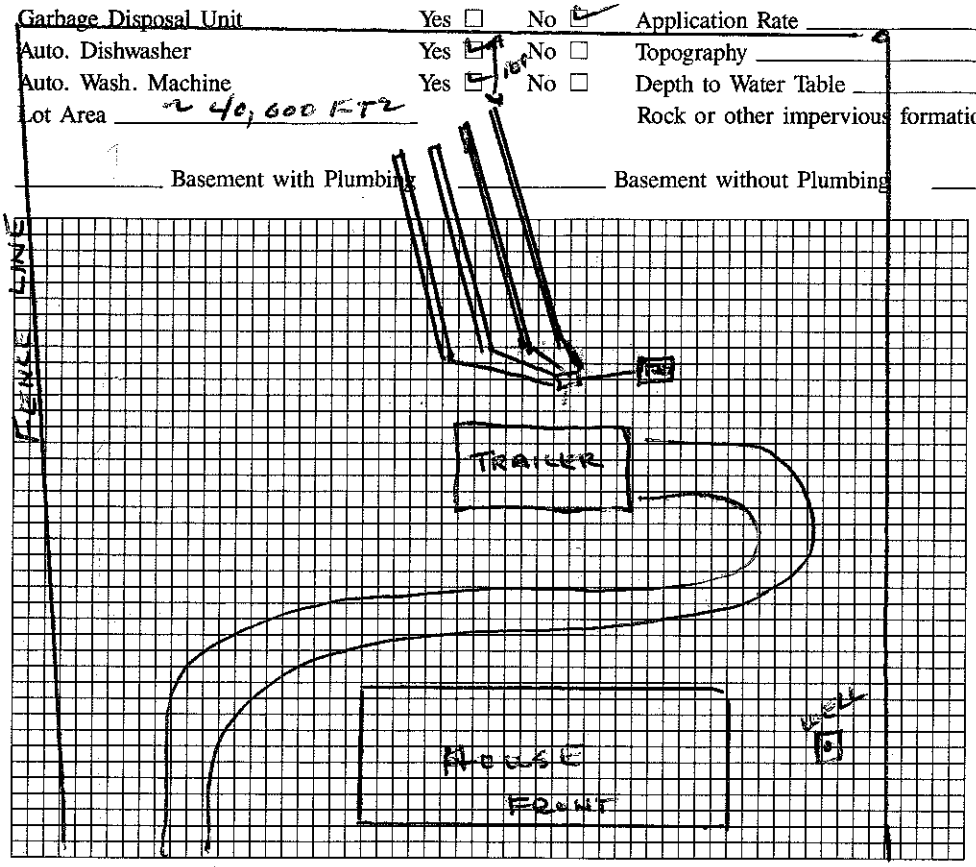
Garbage Disposal Unit Yes ☐ No ☑ Application Rate P. 25-.3

Auto. Dishwasher Yes ☑ No ☐ Topography 2% depressional

Auto. Wash. Machine Yes ☑ No ☐ Depth to Water Table > 4'

Lot Area ≈ 40,600 FT² Rock or other impervious formations 5 NONE OBSERVED

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. _____ Linear Ft. 200

Depth of Stone in Lines 6" SAND

Water Supply: Individual ☐

Public ☐

Installed by Richard Abernethy

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY _____ Dan Tree P.E.

COMMENTS _____

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 4/2/93

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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

15561

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Kathleen Saliby DATE Dec 23, '92 PERMIT NO. part of 2K-A-40

PHONE: Business _____ Home 664-4681

LOCATION 1100 TR OAK TREE Rd. 1/4-1/2 mile on right, behind white brick house S.R. No. _____

SUBDIVISION NAME _____ LOT NO. 1 & 2 combined SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ DW Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~40,000 ft²

Soil Characteristics shallow psclay /stone

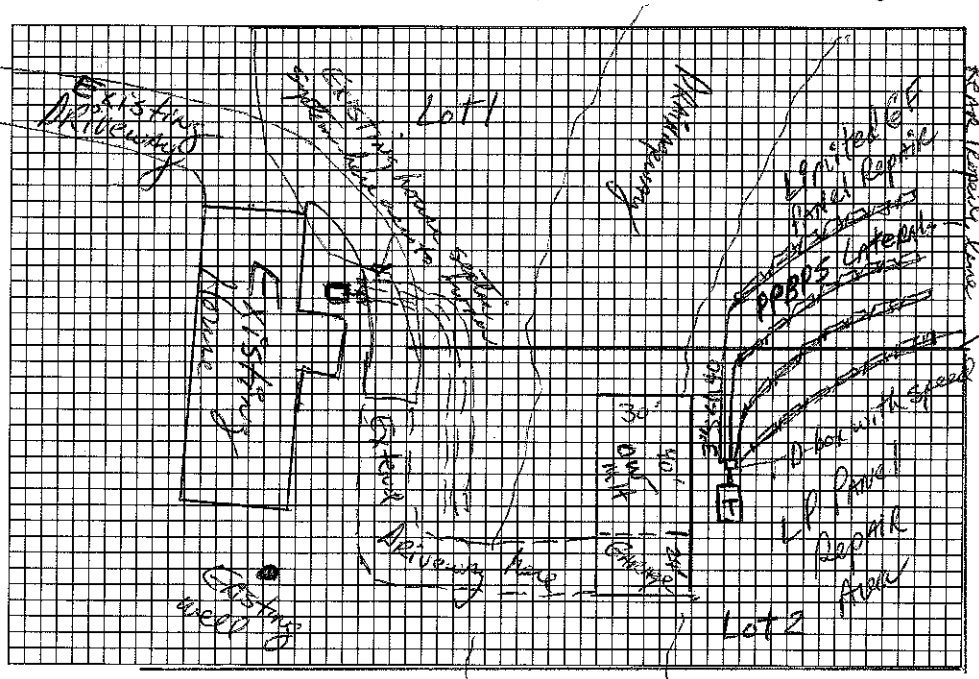
Application Rate .3 gal/ft²/day

Topography 2% depressional in center

Depth to Water Table >41

Rock or other impervious formations NONE obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement V Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. _____ Linear Ft. 200' of

Depth of Stone in Lines 16" ABPS

Water Supply: Individual ☑ at house

Public ☐

Installed by _____

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: Kathleen Saliby

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY David R Johnson, RS

COMMENTS DW Mobile home to be elevated enough to allow plumbing to exit from house at slightly above existing grade 28" trench bottom depth on nitrification lines.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

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