IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 068308 DATE Aug 2, '97 TAX MAP NO. 4638723651 (pt) Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Don Wimbish PHONE: Business _____ Home _____ WSIIICA

ADDRESS PO Box 733, Mooresville

LOCATION Perth Rd. N. on left past airport entrance (before Normandy Rd.)

SUBDIVISION _____ BLOCK / SECTION _____ LOT 21 LOT AREA ± 7.4 Ac SITE CLASS. PB DESIGN FLOW 360 gpd L.T.A.R. .3

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 @ 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: gravity plastic chambers

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

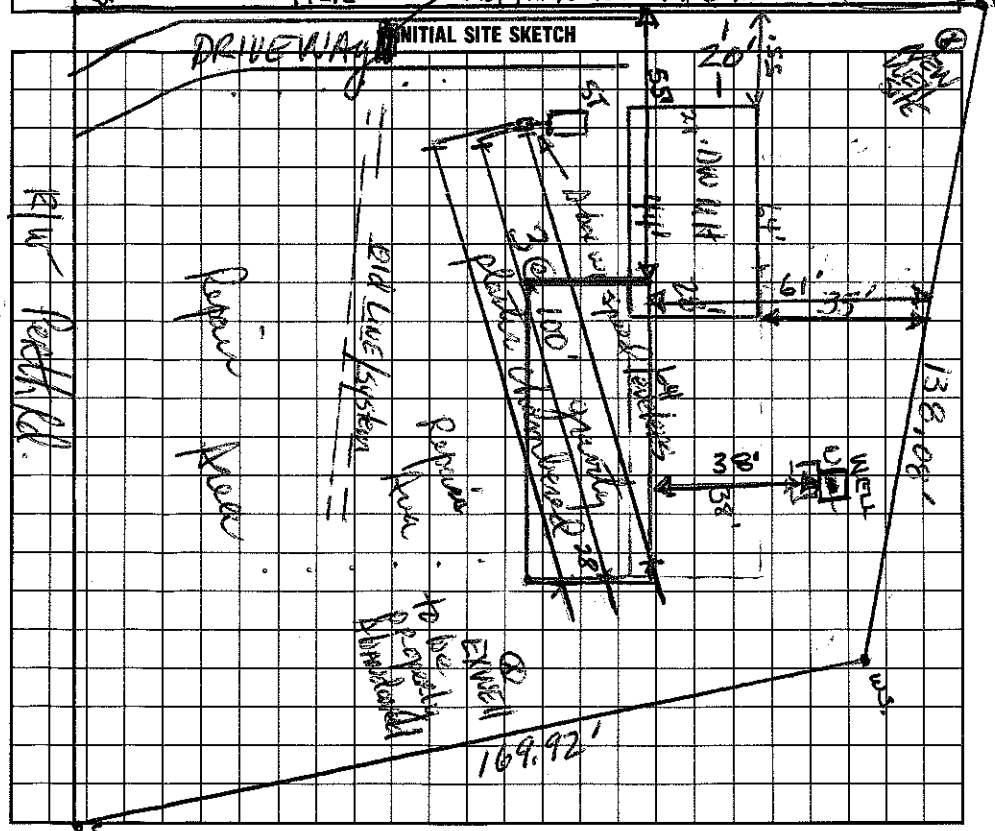
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: X ONE INSPECTION PORT PER LATERAL
EXISTING WELL to be properly plumbed / Written certification of this (DEHNR form) to be provided to this Dept.
OLD TANK to be filled in

Comments: 6/17/99 - Must be redrawn - MH shifted and well installed in wrong area.

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 8-2-97

~~Existing System Inspection by:~~ Authorized Construction _____ date 8-2-97

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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