IREDELL COUNTY HEALTH DEPARTMENT

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

10:30-11:00

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

PROPERTY DESCRIPTION NO. 070091 DATE 11-5-97 TAX MAP NO. 4638 92050~~3~~ 6666 Watershed: [X] Yes [ ] No

OWNER OR CONTRACTOR Martin Oehler PHONE: Business _____ Home 664-0888

ADDRESS 227 Wilson Lake Rd Mooresville, NC 28115

LOCATION Perth Rd N. From Hwy 150 TR Wilson Lake Rd 9th lot on left

SUBDIVISION C.L.& T. BLOCK / SECTION 11 LOT 25 LOT AREA .80 Acre. SITE CLASS. PS DESIGN FLOW Existing G.T.A.R. (Existing) 3+

Septic Tank: 1000 EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____ Add

Nitrification Field: No Fields ____ Square Feet Exist 270 Add 300 Linear Feet Exist. 120+100

No Lines 1 at 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[ ] New System [X] Repair System Type: I, II, III, IV, V, VI (Real)

System Description: Existing Grav-Convent

Repair System Description: Grav - Conventional

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms ____

[ ] Business No. Employees ____

[ ] Other _____

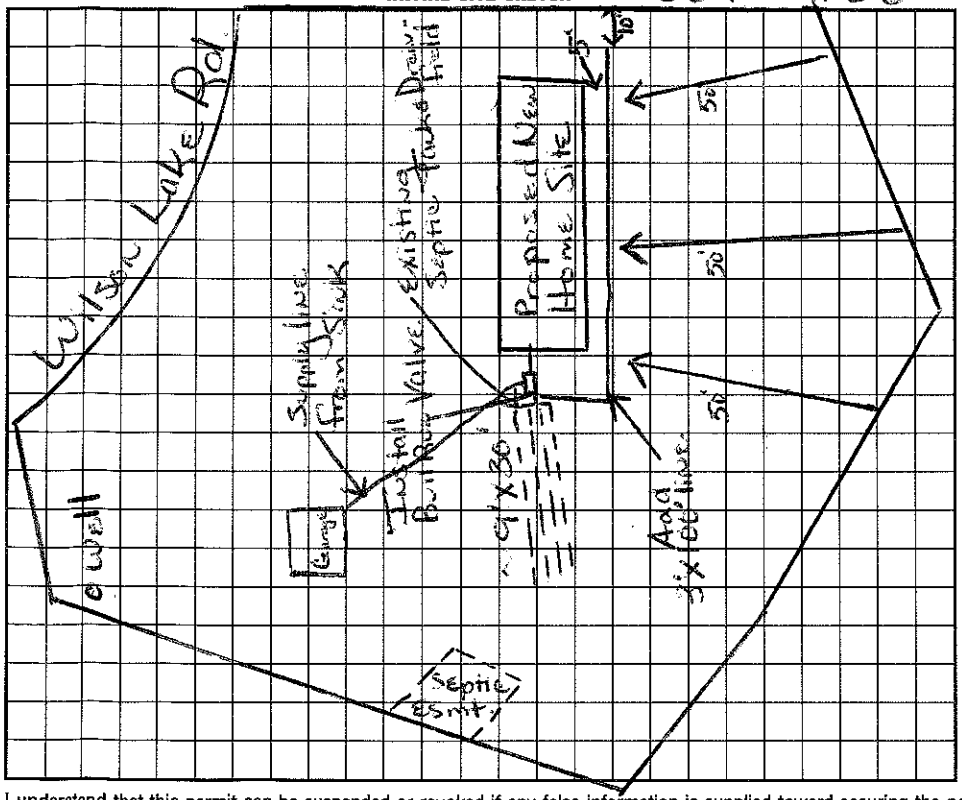
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Community [ ] Public

Comments: Replacing 3 Bedroom with 3 Bedroom Keep Drainline) at least 50' From 760' Contour (Lake Setback) & 5' From House foundation.

Comments:

INITIAL SITE SKETCH Scale 1:50



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: Chas C. Oehler

Improvement Permit by: Marie H. Watson date 11/6/97

Existing System Inspection by: Marie H. Watson date 11/6/97

Installed by: C. Morrison

Certificate of Completion by: _____ date _____

Operation Permit by: C. [illegible] RS date 7/31/98

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

Construct 4th.