#550

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135377 PIN# [redacted] 4646-46-1848 DATE 8/24/06

OWNER OR APPLICANT Mack + Evelyn Wilson PHONE: Business _____ Home _____

ADDRESS 212 Elysian Dr. Mooresville NC 28117

LOCATION Williamson, Brandown, TL Brockway, TR Elysian, on Lt

SUBDIVISION Moorland Est BLOCK / SECTION _____ LOT 30 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 450 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 312 Date 2-19-07
Pump Tank: 1000 Gallons; PT 283 Date 2-14-07
Pump Make: Myers Model ME50 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 534 Linear Feet 267
No Lines 4 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth — ☐ Gravity ☒ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: 4 pad Block
Repair System Description: * Sand Partial
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons _____
☐ Business No. Employees _____
☐ Other _____

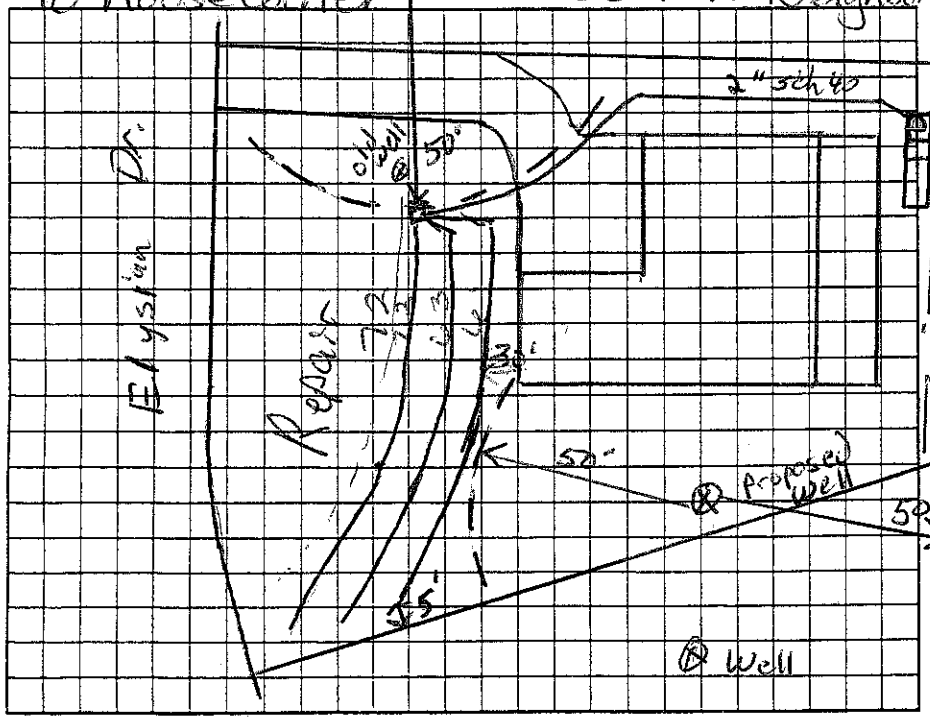
Water Supply: ☒ Individual ☐ Public ☐ Community

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

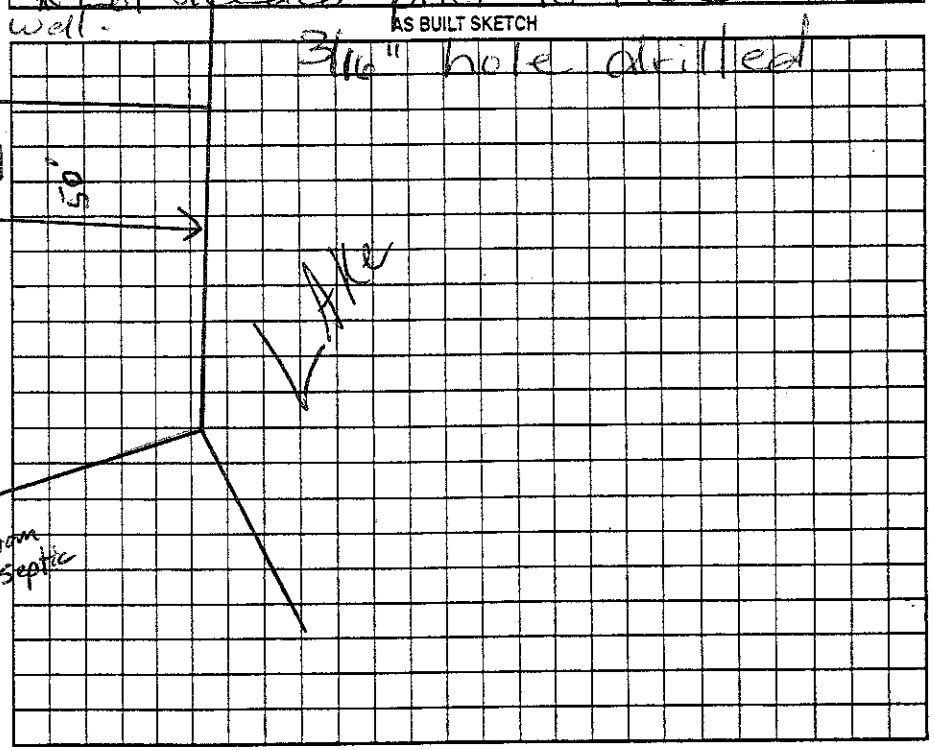
Comments:/Conditions: Old well Must be Abandoned - Out bldg must be moved off of the septic Area - Supply Line needs to be sleeved and/or 30" below Drive 30ft From Drainline to house corner (W) Well 55ft to Neighbors well.

Comments:/Conditions: Keep System in 3 lines to preserve repair Area Installed 2ft trenches Checked tanks 3/22/07 * Lot deeded prior to 1983

INITIAL SITE SKETCH



AS BUILT SKETCH



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: Evelyn P. Wilson date 7-11-06 Installed by: Katt

Improvement Permit by: [signature] date 5/24/06 Operation Permit by: Judy McNeill date 7-25-07

Authorization to Construct by: [signature] date 7/10/06 Existing System Inspection by: _____ date _____

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