IREDELL COUNTY HEALTH DEPARTMENT

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

4656446494

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

PROPERTY DESCRIPTION NO. _____ DATE August 25, 193 TAX MAP NO. _____

OWNER OR CONTRACTOR Michael Wingate PHONE: Business _____ Home 663-0725

ADDRESS Rt 11 Box 40 Mocksville NC

LOCATION 115 S to Fourspuare Rd x RR to Estelle Rd - 2 500' on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA N/Rec SITE CLASS BS L.T.A.R. 23

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank 1000 Gallons; STB 825 (RST) Date 7-20-93

Pump Tank: _____ Gallons; PT _____ Date _____

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

No Lines 3-4 Trench Width 36" Trench Depth 24" Gravel Depth 12"

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

System Description: Gravity conventional

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

Garbage Disposal: ☐ Yes ☑ No

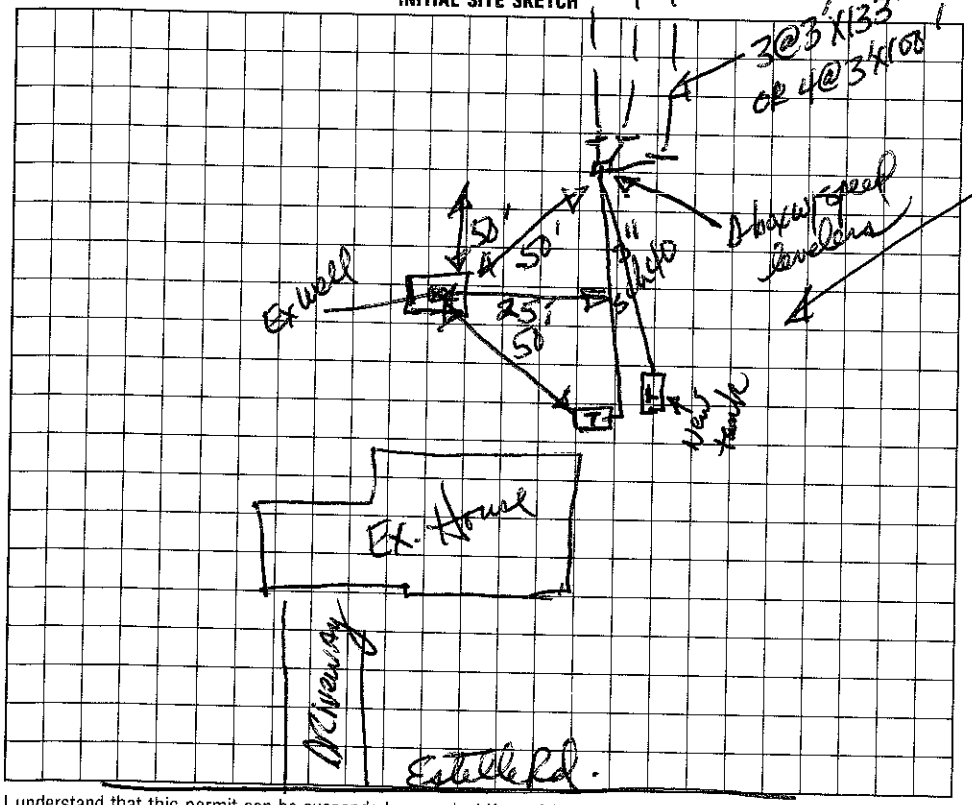
Auto. Dishwasher: ☐ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

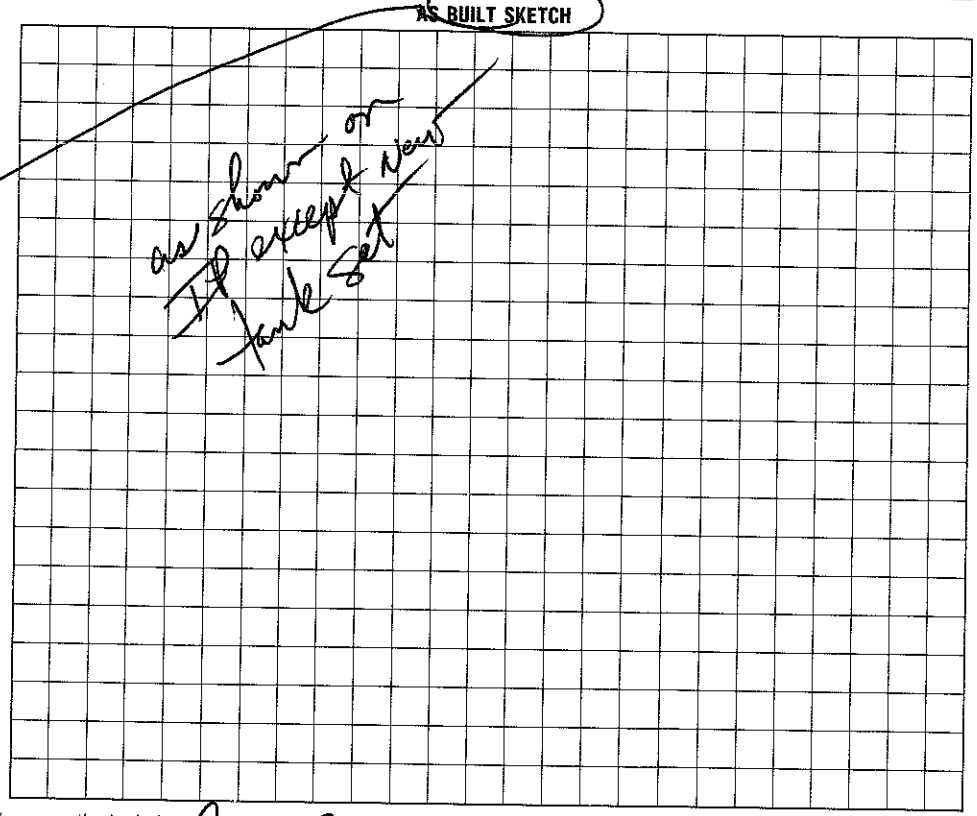
Other _____

Comments: Existing septic tank to be pumped and checked for structural condition. If a problem exists with the old tank, a new 1000 gal tank is to be set. Maintain at least minimum distances shown.

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 Michael D Wingate

Improvement Permit by: David R Hanson, RS date 8/25/93

Existing System Inspection by: _____ date _____

Installed by: Richard Abernathy

Certificate of Completion by: David R Hanson, RS date 8/30/93

Operation Permit by: _____ date _____

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