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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# Repair Daniel Wilhelm DATE 4/28/03

OWNER OR CONTRACTOR Mary Wilhelm PHONE: ~~Business~~ 704 663-0790 Home

ADDRESS 141 Barfield Mooresville, NC 28115

LOCATION Hwy 21/115 North past Shepherd's School TL Barfield 3rd House on left White House #141

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA Acreage SITE CLASS PS DESIGN FLOW 240gpd L.T.A.R. .25

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 810' Linear Feet 270'

No Lines 3@90' Trench Width 36" Max Trench Bottom Depth 22" Gravel Depth 12"

☐ New System ☒ Repair System Type: I. II. III. IV. V. VI

System Description: Gravity-Conventional

Repair System Description: Gravity-Conventional

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms ____ No. Bathrooms ____ No. Employees ____

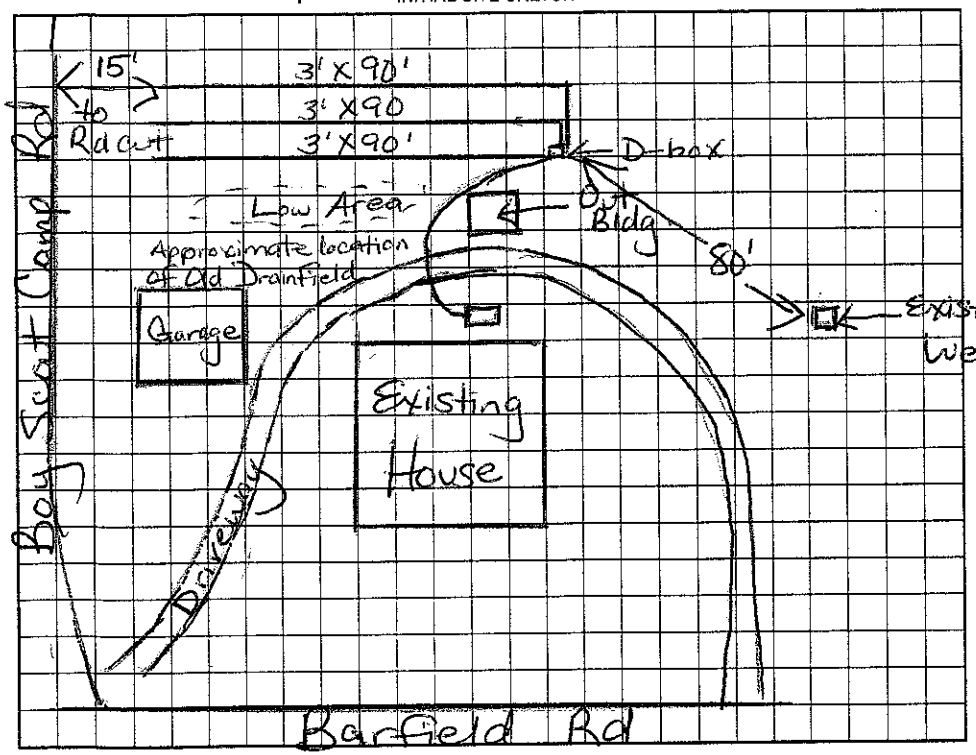
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Use existing ST. Install new drainfield in 3 ditches; keep trenches shallow. Stay 15' from Road Cut For Scout camp

Comments/Conditions: Sleeve supply line under drive. or bury line greater than 30". Divert stormwater away from drainfield.

INITIAL SITE SKETCH



AS BUILT SKETCH

Checked Drainfield 6/25/03

Needs ST pumped to hook piping up to

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: Daniel A. Wilhelm date 4-28-03

Improvement Permit by: Maria H. Dolan RS date 4/28/03

Authorization to Construct by: Maria H. Dolan RS date 4/28/03

Repair-

Installed by: JST Enterprise

Operation Permit by: Maria H. Dolan RS date 6/26/03

Existing System Inspection by: _____ date _____

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