IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 086639 PIN# 4659655592

OWNER OR CONTRACTOR Daniel Wilhelm PHONE: Business 528-4516 Oakwood Homes Home 660-1075 DATE 12/13/99

ADDRESS 148 Staff Ln. Mooresville, NC 28115

LOCATION Hwy 115 N TR Shepherd's Rd 1/2 mile TL onto Staff Ln 9th on Rt.

SUBDIVISION Shepherd's Field BLOCK / SECTION ____ LOT 15 LOT AREA 1.0 Acre SITE CLASS. Existing DESIGN FLOW 360 L.T.A.R. ____

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 6 at 60' Trench Width 36" Max Trench Bottom Depth Existing Gravel Depth 12"

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI (Existing)

System Description: Gravity Conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

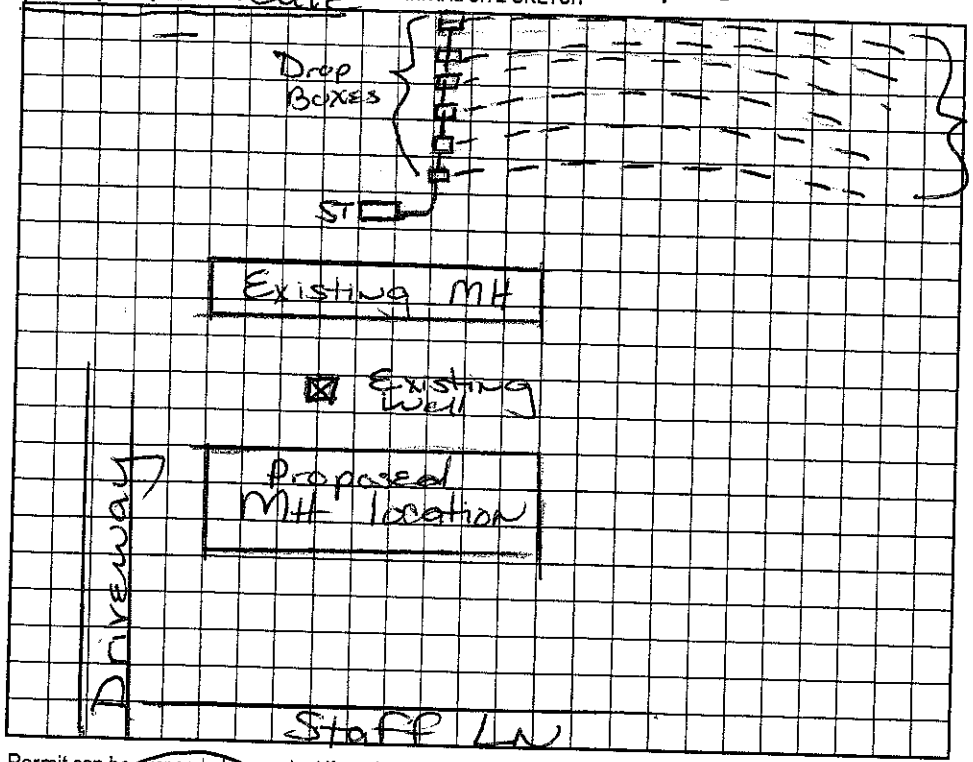
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

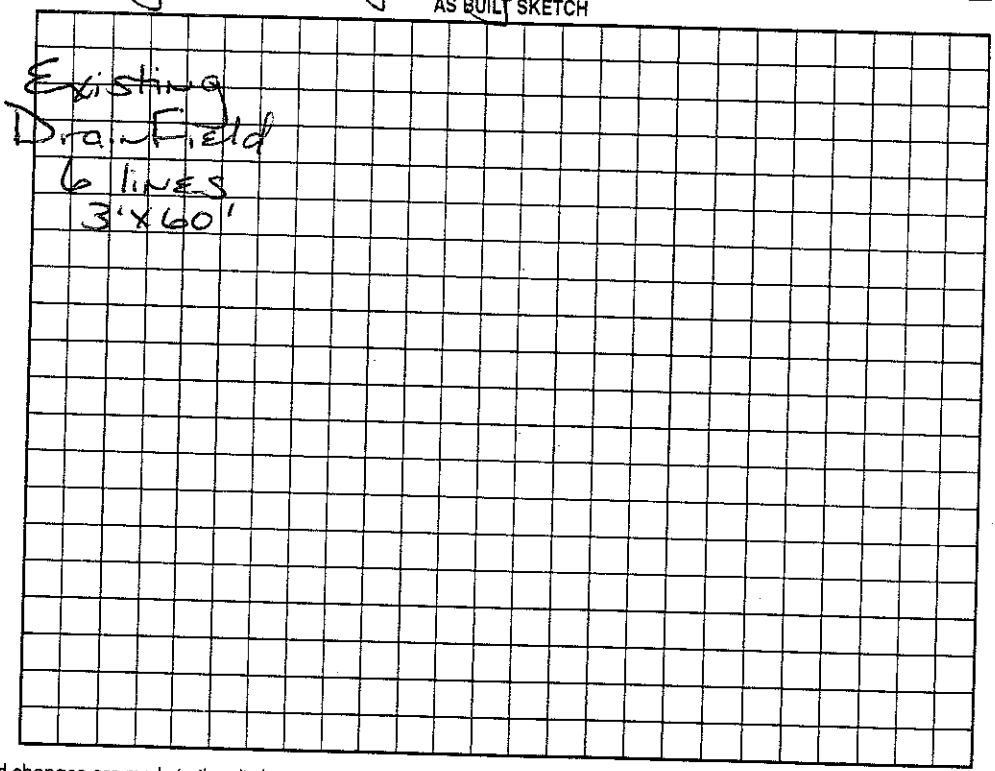
Comments:/Conditions: Keep House at least 5' from Septic System. Existing Septic System appears to be functioning okay at time of inspection. No problems noticed

Comments:/Conditions: May need clean out port if MH is located greater than 50' from Septic Tank. System originally installed Oct '91.

Not to Scale 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: ____ date ____ Installed by: ____

Improvement Permit by: Maina Dotson RS date 12/13/99 Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: Maina Dotson date 12/13/99

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