IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
PETE PEDWELL	664-3533	RT 4 BOX 595 MOORESVILLE, NC.		NC.	28115
SAME					
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property 115 N - TL AT PEDWELL CABINET CO, TO REAR OF PROPERTY BESIDE CABINET SHOP.

TYPE OF FACILITY: (use check (X) or number as appropriate) ~CABINET SHOP.

House _____ Mobile Home _____ Commercial _____ No. Bedrooms _____ No. Baths _____

No. Persons or Employees (commercial only) 3 Basement NO Basement with Plumbing NO

Crawl Space _____ Concrete Slab ✓ Garbage Disposal NO Jaccuzi or spa NO

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

_____ DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

16338

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Pedwell Cabinet + Fixture DATE 5/18/93 PERMIT NO. 19-B-13A

PHONE: Business _____ Home 664-3533

LOCATION 115N - TL AT PEDWELL CABINET SHOP, TO REAR OF PROPERTY BESIDE CABINET SHOP S.R. No. _____

SUBDIVISION NAME N/A LOT NO. N/A SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☐ Business ☑ Other 3 EMPLOYEE WORKSHOP

No. Bedrooms _____ No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☐ No ☑

Auto. Wash. Machine Yes ☐ No ☑

Lot Area _____

Soil Characteristics P - SC1 / S TRANS

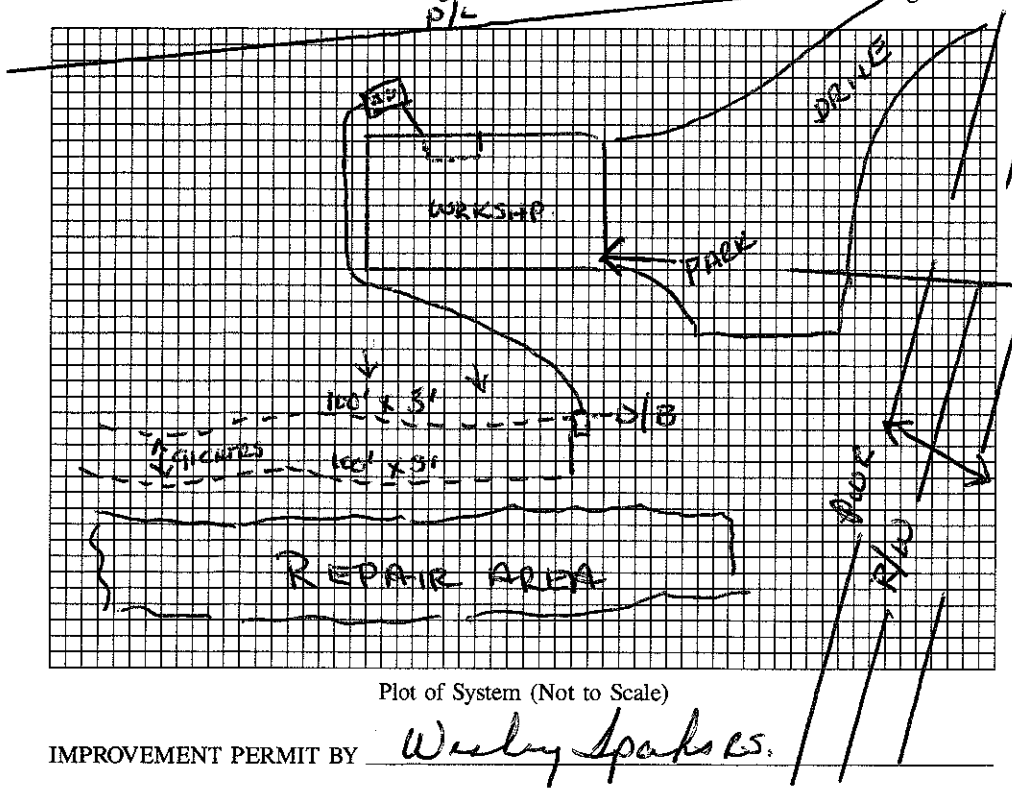
Application Rate P - .2 (GRAN - WK.)

Topography S - 3-4%

Depth to Water Table S - 48"+

Rock or other impervious formations P - LOOSE, LG GRAN STRUCTURE

_____ Basement with Plumbing _____ Basement ~~without~~ Plumbing ✓ (SLAB) No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2 @ 100' x 3'

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by _____

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: Peter L Pedwell

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Wesley Sparks RS.

COMMENTS Trenches no deeper than 24" to trench bottom. Lines on slope contour in direction shown.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

Permit No. 18 Permit Date 7-9 1971

Owner P.L. Pedwell Address Mooresville.

Installed By Sam Ostwalt Address Troutman, NC

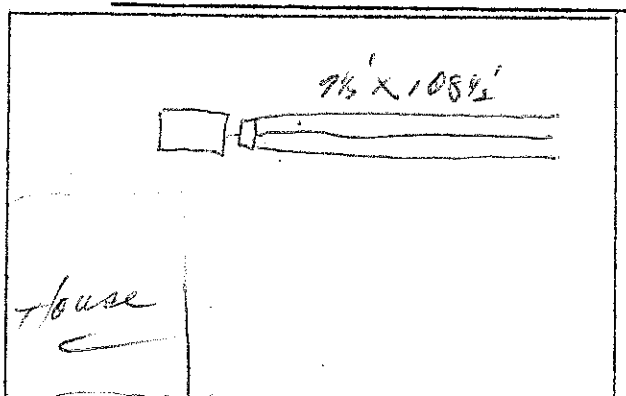
Location of Property Highway 21 S from Troutman — Turn Right in front of Vandenburg Church go to end of street

Tank		Capacity		Length of Lines		Fixtures	
Block	( )	1000	(✓)	225'	( )	No. of Baths	(2)
Precast	(✓)	1250	( )	250'	( )	Dishwasher	( )
		1500	( )	Other 325'		Garbage Grdr.	( )
		Other				Other	

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

Final Inspection 7-9 1971 Approved (✓) Disapproved ( )

Remarks



This dwst. is for home and beauty shop in Basement.