4665 22 8036

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 16701 DATE 7/29/93 TAX MAP NO. 1C 3A 16

OWNER OR CONTRACTOR DAVID E WHITESIDE PHONE: Business _____ Home 892-4485

ADDRESS PO Box 4 CORNELIUS, NC. 28031

LOCATION SHEARERS CHAPEL RD. TR ON WILD WOOD ACRES TO END - STRAIGHT AHEAD

SUBDIVISION WILDWOOD ACRES BLOCK / SECTION _____ LOT 16 LOT AREA 1.66AC SITE CLASS. P L.T.A.R. .2

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1600 Gallons; STB 358 Date 6/1/93

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 1800 Linear Feet 900

No Lines 9 Trench Width 2' Trench Depth 25" Gravel Depth —

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

System Description: 8" FIBERWRAP PIPE

Repair System Description: 8" FIBERWRAP PIPE

Maintenance Agreement Required: ☑ Yes ☐ No SYR

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

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

Garbage Disposal: ☐ Yes ☑ No

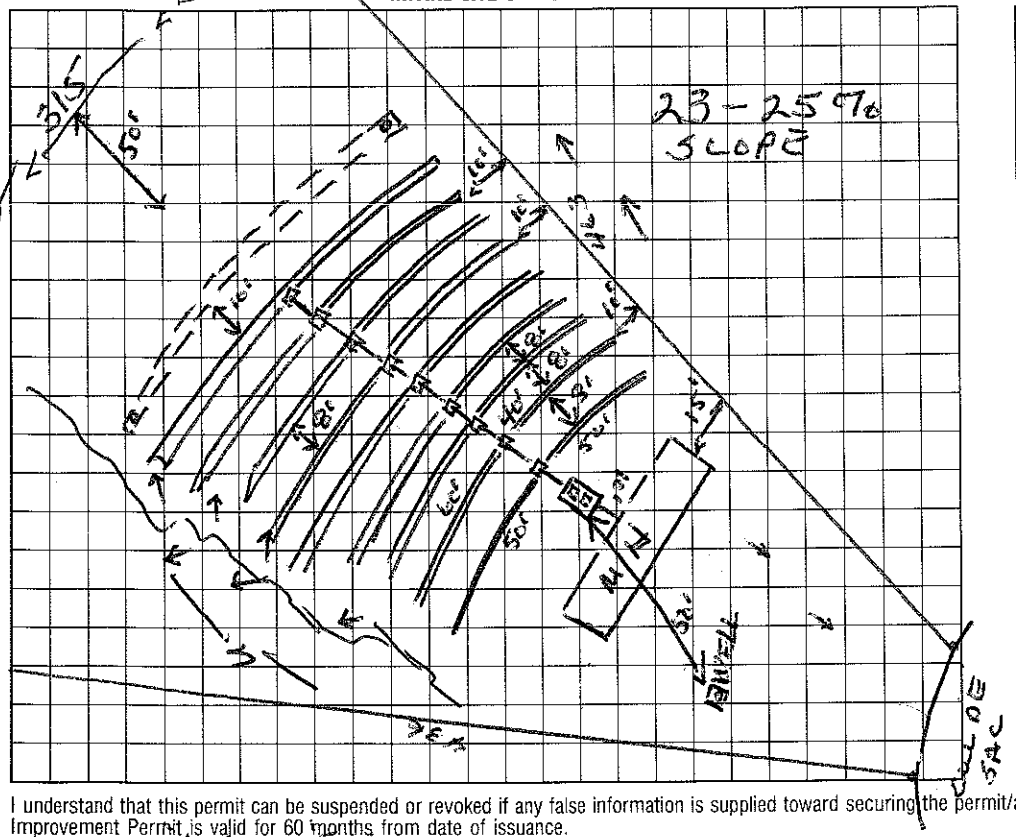
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☐ Yes ☐ No

Other _____

Comments 8" FIBER WRAPPED PIPE - MAX DEPTH 25" - SHOVEL ROUND EACH TRENCH BOTTOM - EACH LINE 100' LENGTH - 3' GRAVEL TRENCH 10' BELOW LAST TRENCH - PVC MONITORING PORTS ON EITHER END OF LINE - USE CONCRETE DROP BOXES - SCH 40 BETWEEN ALL DROP BOXES

INITIAL SITE SKETCH



AS BUILT SKETCH

[INSTALLED AS DRAWN]

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: David E Whiteside

Improvement Permit by: Wesley Sparks RS. date 7/29/93

Existing System Inspection by: _____ date _____

Installed by: Tim Clymore

Certificate of Completion by: Wesley Sparks RS. date 9/7/93

Operation Permit by: _____ date _____

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