IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094255 PIN# 4665310722 DATE 4-5-2001

OWNER OR CONTRACTOR Chester Eddins PHONE: Business 587-6692 Home 664-9472

ADDRESS 203 Wildwood Acres Mooresville NC 28115

LOCATION Shearers Rd TR Wildwood at end

SUBDIVISION Wildwood Acres BLOCK / SECTION ____ LOT 14 LOT AREA 2.0 SITE CLASS PS DESIGN FLOW 240gpd L.T.A.R. ____

Septic Tank: Existing Gallons: STB ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 690 Linear Feet 230

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Existing Gravity-Conventional

Repair System Description: Pumped-Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 2

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

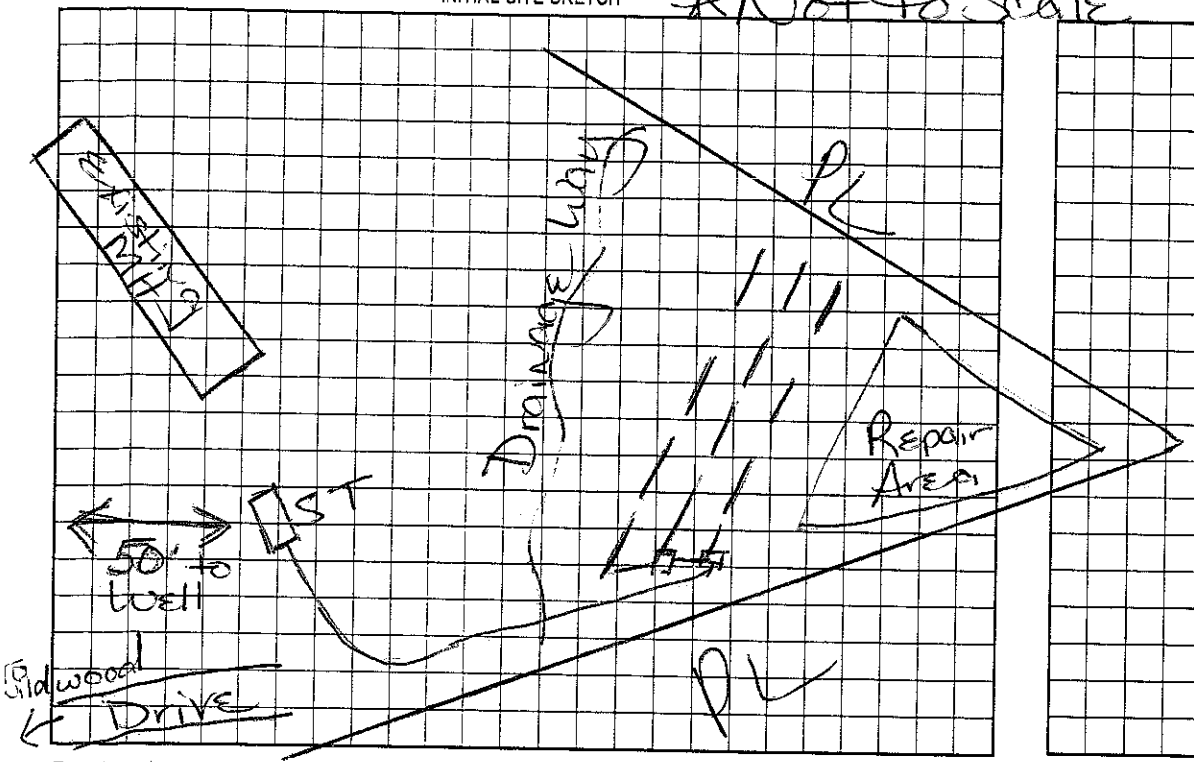
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Existing Septic System appears to be functioning okay at time of inspection.

Comments:/Conditions: Keep New MH at least 5' from House.

INITIAL SITE SKETCH *Not to Scale



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: Peter J. Peters date 4-12-01

Improvement Permit by: Maria H. Dotson RS date 4/5/01

Authorization to Construct by: ____ date ____

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: Maria H. Dotson RS date 4/5/01

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