4677793621

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. 22931 DATE Drawn 1/18/96 TAX MAP NO. 1p-1-14-20 pt of Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Tim Wensil PHONE: Business _____ Home 663-1749

ADDRESS PO Box 651 Mooresville 28115

LOCATION See Attached

SUBDIVISION TL Wensil BLOCK / SECTION _____ LOT 203 LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ 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 1200 Linear Feet 400

No Lines 3 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: Gravity Conv.

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

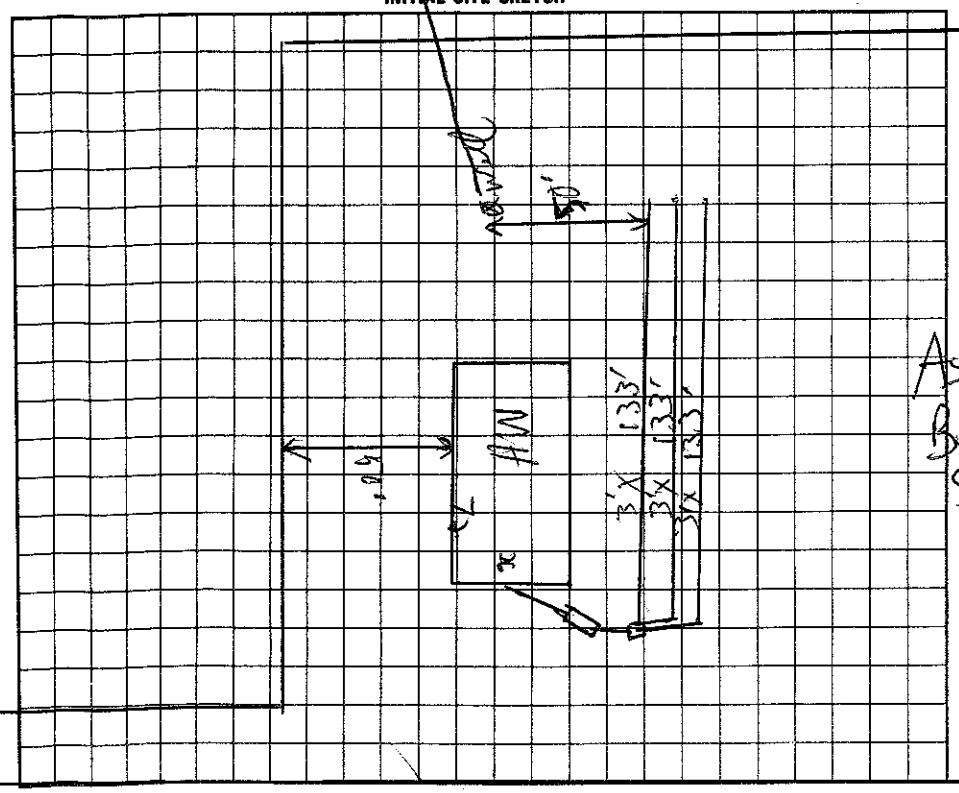
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: Well placement needs to be changed to accomodate for lot 202 for septic system placement

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

As Built Sketch

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.

Signed: _____ Installed by: _____

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: _____ date _____ Operation Permit by: [signature] EHSP date 5/8/96

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

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. 22931 DATE 1/18/96 TAX MAP NO. 1P-1-A-20 Pt of. Watershed: X Yes ☐ No

OWNER OR CONTRACTOR Timothy L. Wensil PHONE: Business _____ Home 663-1749

ADDRESS PO Box 851 Mooresville, NC.

LOCATION Pineridge Dr., 150 E TL Pineridge Drive to 4 tract on (L), rear of property

SUBDIVISION T L Wensil BLOCK / SECTION 1 LOT 203 LOT AREA ~3.2 AC SITE CLASS P/S DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30 Gravel Depth 12"

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

System Description: CONV-DIST BOX

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes X No

☐ House/Mod. Home No. Bedrooms 3

X Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

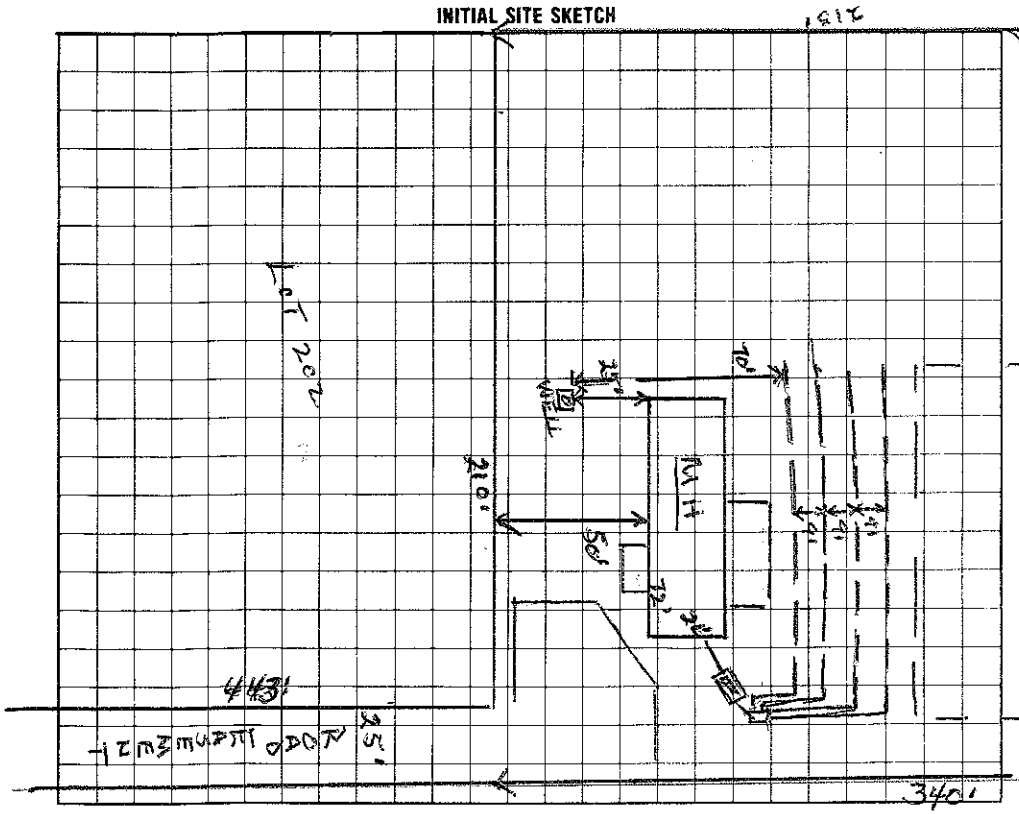
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
X Individual
☐ Community
☐ Public

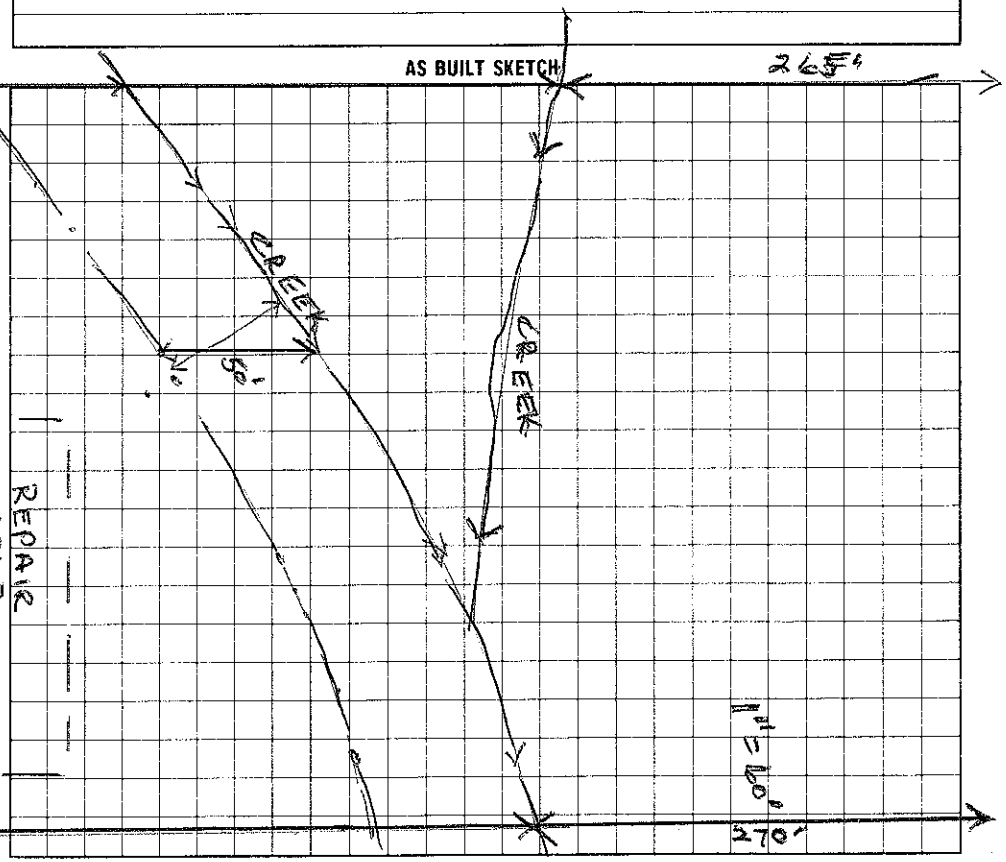
Comments: Shallow trenches, no deeper than 30" to trench bottom.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



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Signed: X Timothy L. Wensil

Improvement Permit by: Wesley Sparks R.S. date 1/18/96

Existing System Inspection by: Wesley Sparks R.S. date 5/6/96

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: C. Bob Thomas EHSI date 5/8/96

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