4678452570

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. 16459 DATE 6/10/93 TAX MAP NO. 4C A 26

OWNER OR CONTRACTOR JAMES LOFTIN MEADOWS JR. PHONE: Business _____ Home 633-0984

ADDRESS WIGGINS RD. MOORESVILLE, NC. 28115

LOCATION WIGGINS RD, ~ 2 MILES FROM 150 ON (L) - FOLLOW DRIVE TO END.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~ 1.5 ACRES SITE CLASS. P L.T.A.R. .125-.3

Water Supply: ☑ Individual ☐ Community ☐ Public NOT DRILLED

Septic Tank: 1000 V Gallons; STB 825 Date 6-15-94

Pump Tank: NA Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 1320 Linear Feet 440

No Lines 4 Trench Width 3' Trench Depth 36" Gravel Depth 12"

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

System Description: CONV.

Repair System Description: CONV.

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2.5 No. Employees _____

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

Garbage Disposal: ☐ Yes ☐ No

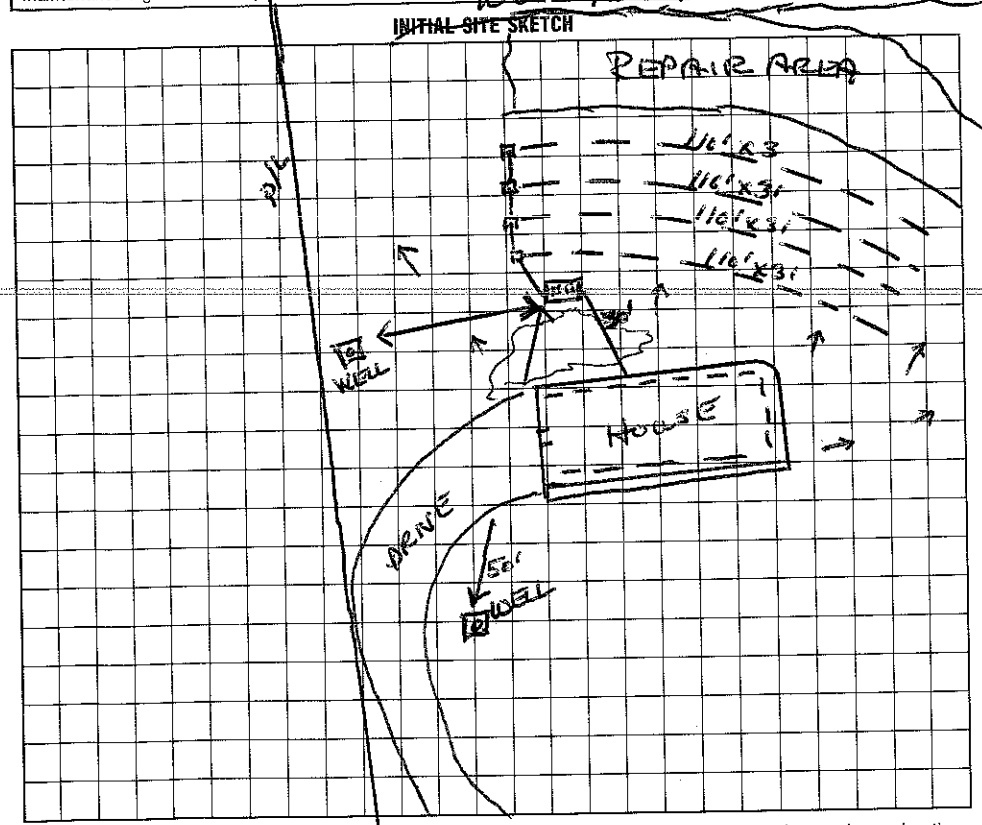
Auto. Dishwasher: ☐ Yes ☐ No

Auto. Washing Machine: ☐ Yes ☐ No

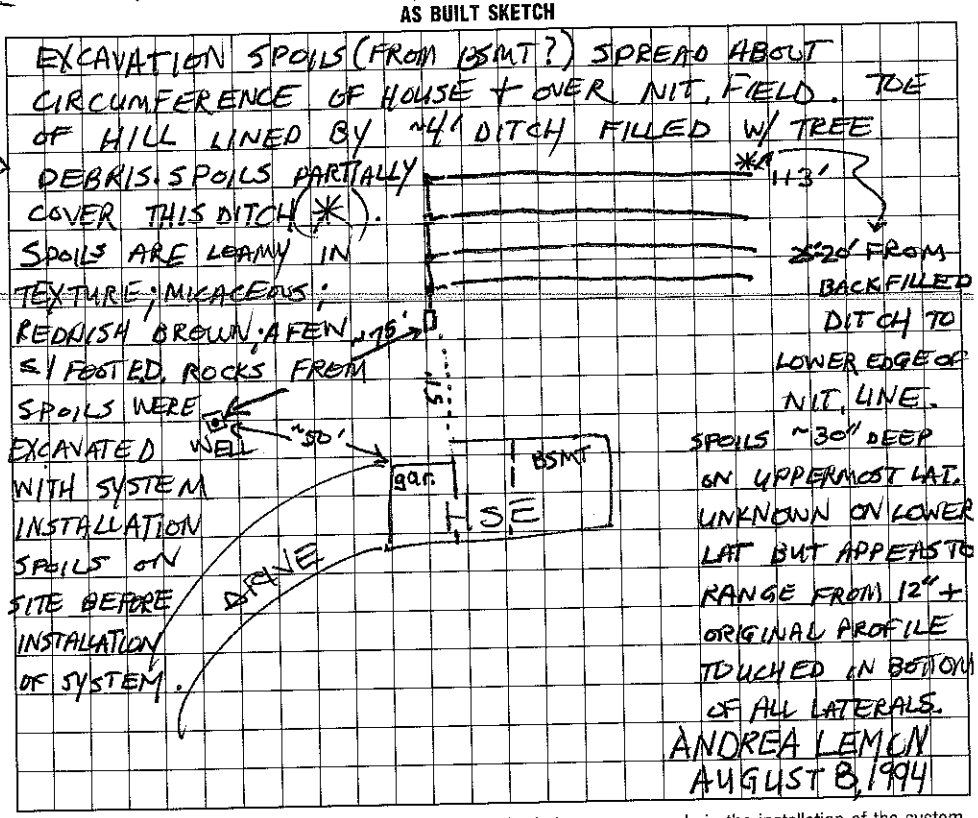
Other _____

Comments DROP BOXES AS SHOWN IN DIRECTION SHOWN.
KEEP LINES ON SLOPE CONTOUR IN DIRECTION SHOWN.
8-9-94 WELL IS INSTALLED - NO TAG.
TANK ° SEAL - KNOCKOUT - OUTLET → OK.

INITIAL SITE 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. Improvement Permit is valid for 60 months from date of issuance.

Signed: Susan R. Meadows

Improvement Permit by: Wesley Sparks R.S. date 6/10/93

Existing System Inspection by: _____ date _____

Installed by: ROWAN SEPTIC TANK

Certificate of Completion by: Wesley Sparks R.S. date 8/11/94

Operation Permit by: _____ date _____

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