4679-42-2801

12:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 078926 PIN# 4679319755 Pt DATE 1/28/99

OWNER OR CONTRACTOR George Weing PHONE: Business _____ Home 704-872-7606

ADDRESS 119 Bethesda Rd

LOCATION 150 E. Turn Left on 601, TR on Wiggins Rd. 1/3 mile on Right

SUBDIVISION William E. Smith BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 786 Date 6/3/99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet _____ Linear Feet _____
No Lines 5 at 80'+ Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: Conv. Gravity
Repair System Description: Conv. Gravity/Pump same
Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

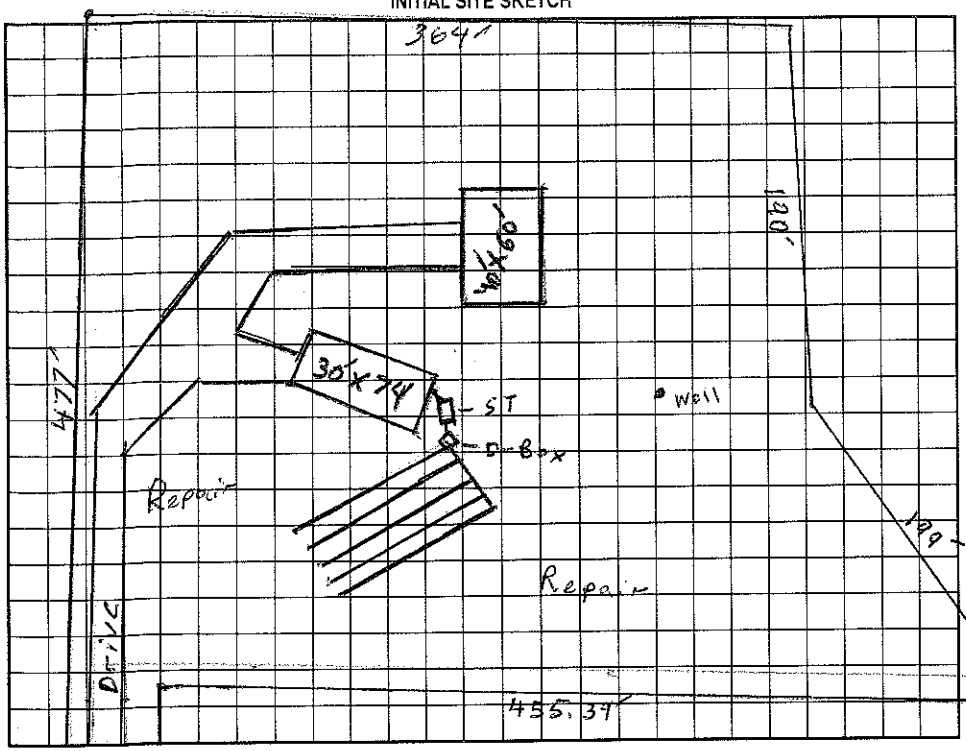
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: Stay 5' from House
Stay 10' from Pt Line
Stay 100' from well
Keep Septic Lines on Contour Scale 1=100

Comments:/Conditions: Filter & riser installed

INITIAL SITE SKETCH



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: George D. Weing date 1-29-99 Installed by: Gary Miller Ent.

Improvement Permit by: Jeff Mozan date 1/28/99 Operation Permit by: Mark Hall Edwards RS date 8/26/99

Authorization to Construct by: Jeff Mozan date 1/28/99 Existing System Inspection by: _____ date _____

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