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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. 24964 DATE 8/28/96 TAX MAP NO. 5A - A - 73 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Leroy Freeze (Rick Adams MH) PHONE: Business _____ Home 528-9556

ADDRESS 187 Mt Tabor Rd. Cleveland, NC. 27013

LOCATION Oswalt Cemetery on (R) just past Cottonwood Rd.

SUBDIVISION Welwyn Est. BLOCK / SECTION 1 LOT 2 LOT AREA ~1.6 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model Existing System Serial No. _____

Nitrification Field: No Fields _____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Exist. System

Repair System Description: _____

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

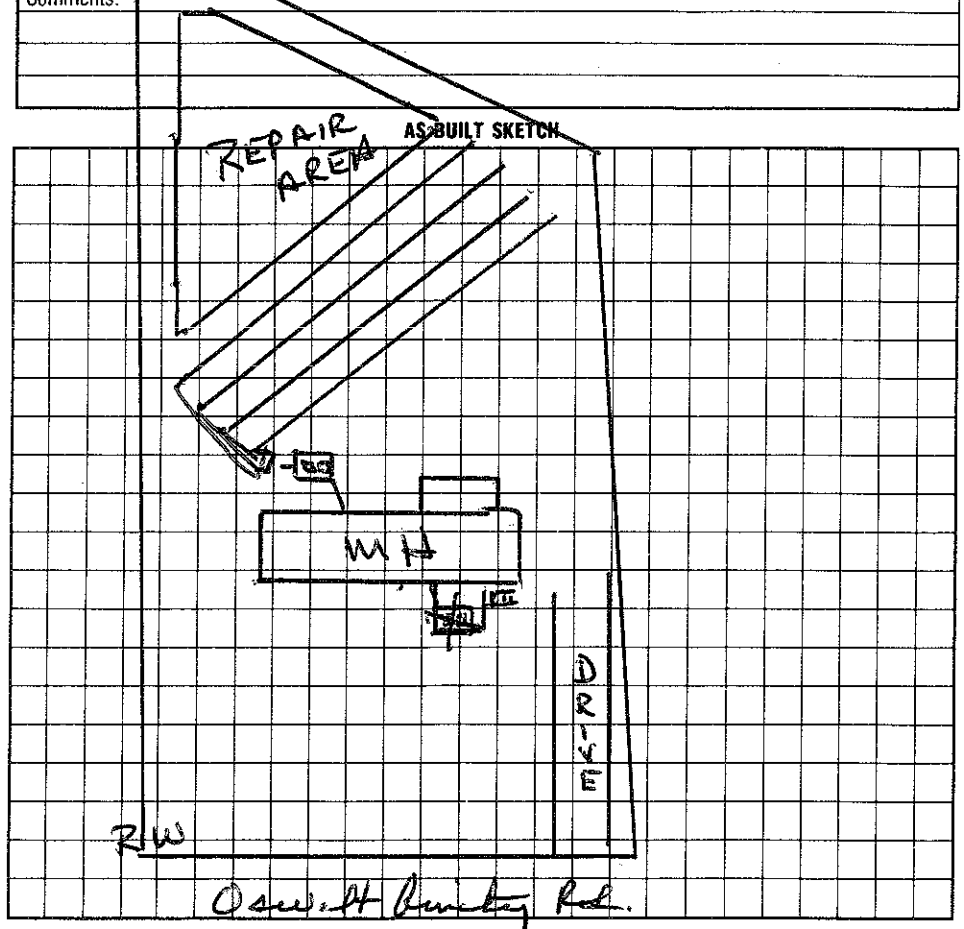
Water Supply:
☒ Individual
☐ Community
☐ Public

Comments:

Comments:

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.

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: _____

Certificate of Completion by: Existing System / Wesley Sparks RS. date 8/28/96

Operation Permit by: _____ date _____

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. 21294 DATE 6/9/95 TAX MAP NO. 5A A 23 Pt of. Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Larry Frazier PHONE: Business 523-9556 Home

ADDRESS 187 Mt. Tilly Rd. Cleveland, NC. 27013

LOCATION Oswalt Dairy on (R) just past Cottonwood Rd.

SUBDIVISION Welwyn Est. BLOCK / SECTION 1 LOT 2 LOT AREA ~1.60 SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 4-5-95

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"

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

System Description: CONV-DIST BOX

Repair System Description: PANEL - GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees

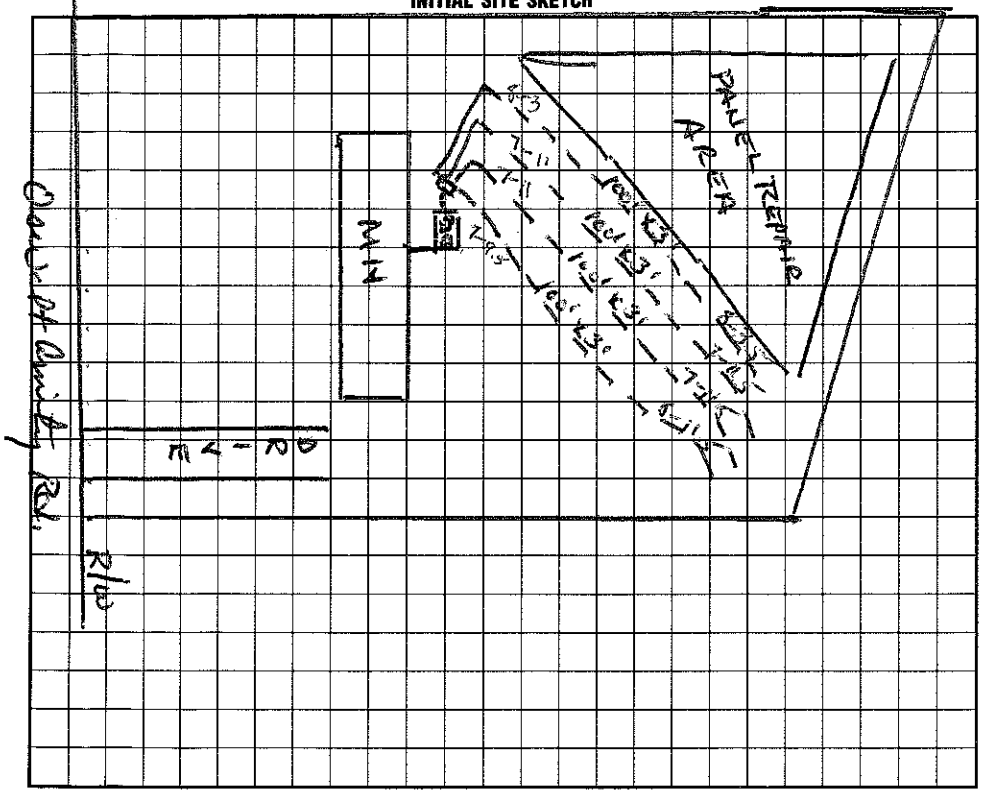
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments:

Comments:

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: Larry Frazier

Improvement Permit by: Wesley Sparks RS. date 6/8/95

Existing System Inspection by: date

Installed by: T J Environ

Certificate of Completion by: Wesley Sparks R.S. date 6/14/95

Operation Permit by: date

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