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. 25152 DATE 10/2/96 TAX MAP NO. 5A A 73 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Larry Freeze (John Gillespie) PHONE: Business _____ Home 528-9556

ADDRESS 187 Mt. Pelia Cleveland NC. 27013

LOCATION 2.8 miles on (R) just past Cottonwood Rd.

SUBDIVISION Wellwyn BLOCK / SECTION _____ LOT 3 LOT AREA Existing SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: Existing Gallons STD System Date _____

Pump Tank: _____ Gallons PT _____ Date _____

Pump Make: _____ Model _____ 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: Existing 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

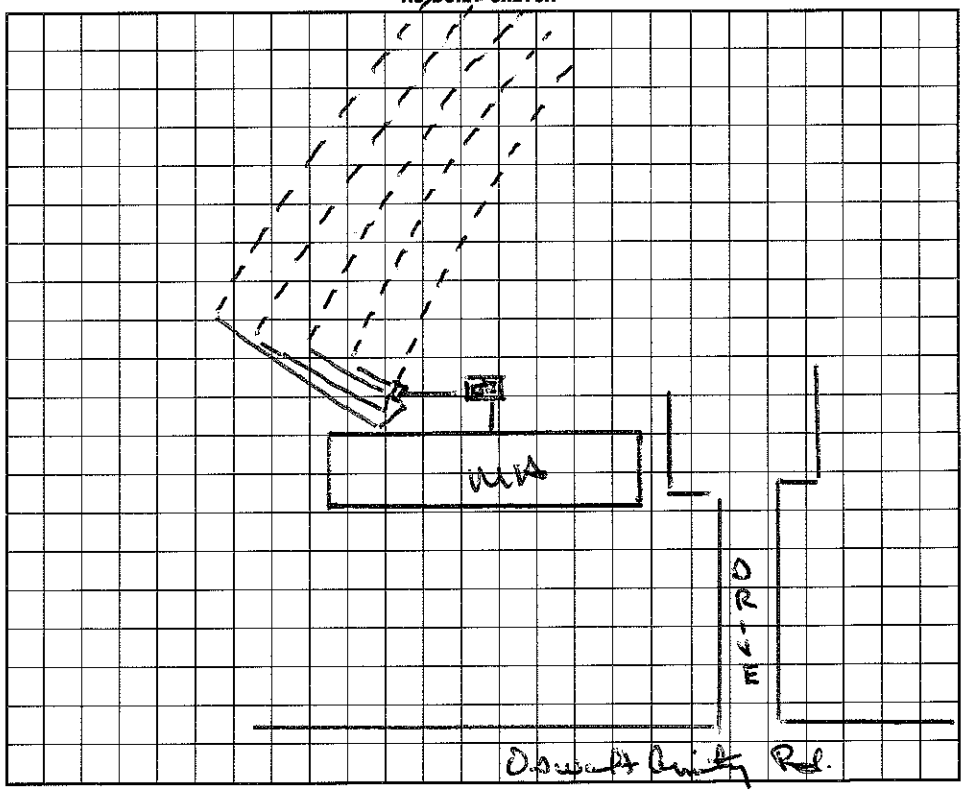
Water Supply:
☒ Individual
☐ Community
☐ Public

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 10/2/96

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. 21094 DATE 5/19/95 TAX MAP NO. 5A - A - 23 Pt of Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Larry Farrage PHONE: Business Home 528-9556

ADDRESS 187 Mt Tabor Rd Cleveland, NC.

LOCATION Oswalt Amity Rd., 3rd lot on (R) past Cottonwood Rd.

SUBDIVISION Wellington Estates BLOCK / SECTION LOT 3 LOT AREA ~20,000 FT² SITE CLASS. P 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"

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

System Description: Conv - Dist Box

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

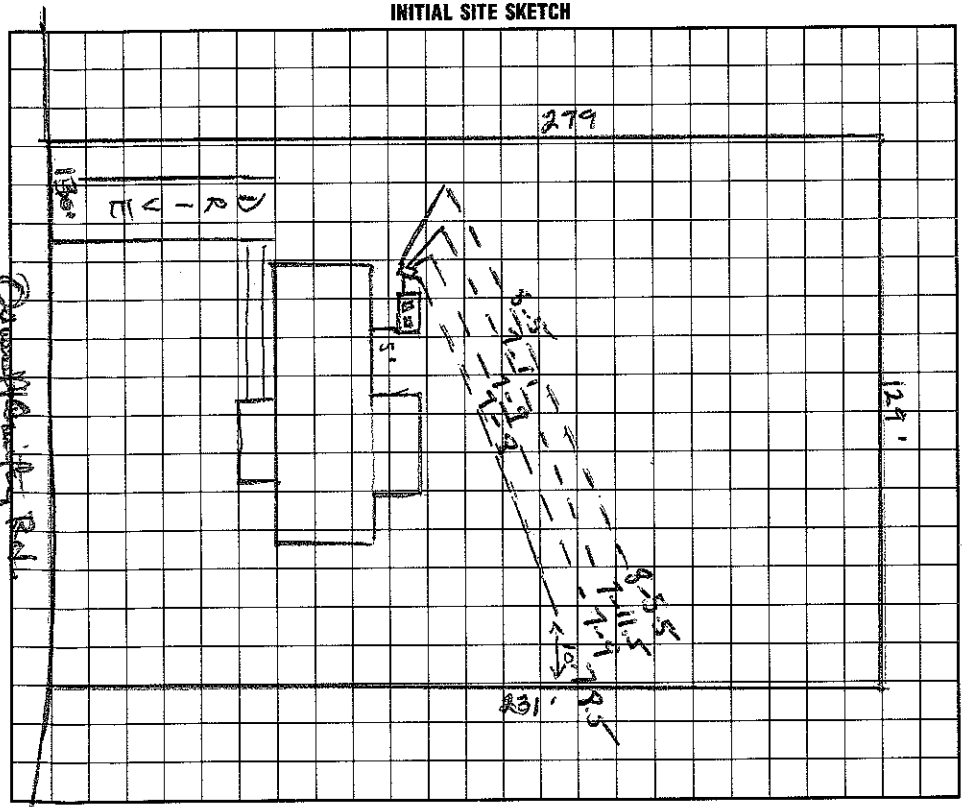
Water Supply: ☐ Individual ☒ Community ☐ Public

Comments:

Comments:

Installed as shown on Imp. Permit

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 Farrage

Improvement Permit by: Wesley Sparks R.S. date 5/19/95

Existing System Inspection by: date

Installed by: F J Ervin

Certificate of Completion by: Wesley Sparks R.S. date 6/8/95

Operation Permit by: date

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