IREDELL COUNTY HEALTH DEPARTMENT

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

56527

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 17022 DATE 9/14/93 TAX MAP NO. 15A-A-6

OWNER OR CONTRACTOR BRENT WEISNER PHONE: Business 878-3012 Home 871-1316

ADDRESS 1009 HUNTER ST. STATESVILLE, NC 28677

LOCATION NC115 N, TR SPRINKLE RD, TL MYERS MILL RD 1ST DRIVE ON (L)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 131 ACRES SITE CLASS PS L.T.A.R. 0.40 GPD/FT2

Water Supply: ✓ Individual ☐ Community ☐ Public WELL TO BE LOCATED

Septic Tank: 1000 Gallons; STB 794 Date 6-22-95

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 Trench Width 36" Trench Depth 18-36" Gravel Depth 12"

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

System Description: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ✓ No

✓ House/Mod. Home (FUTURE) No. Bedrooms 3 Garbage Disposal: ☐ Yes ✓ No

☐ Mobile Home (TEMP) No. Bathrooms 2½ Auto. Dishwasher: ☐ Yes ☐ No

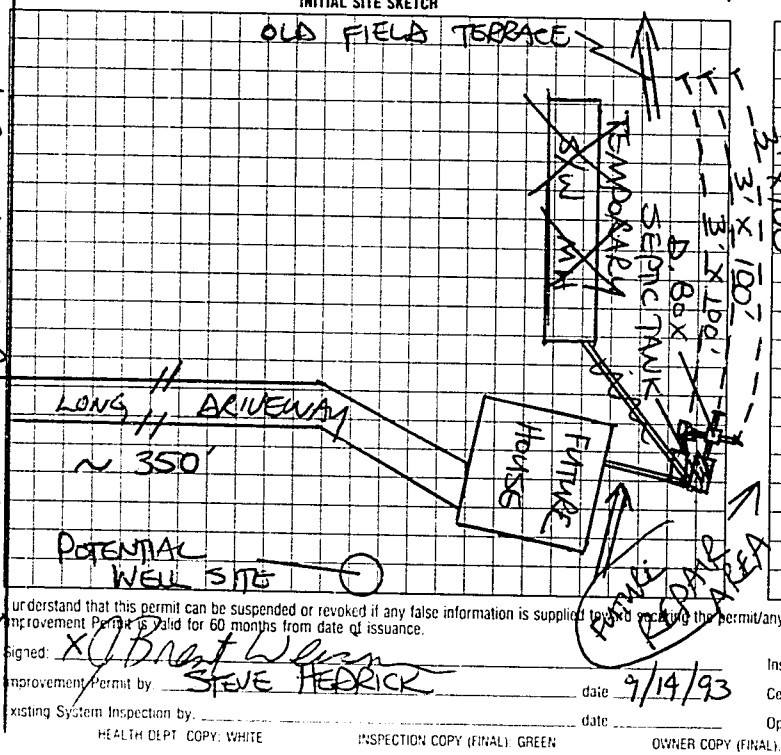
☐ Business No. Employees _____ Auto. Washing Machine: ☐ Yes ☐ No

☐ Other PLANNED FOR FUTURE HOUSE Other _____

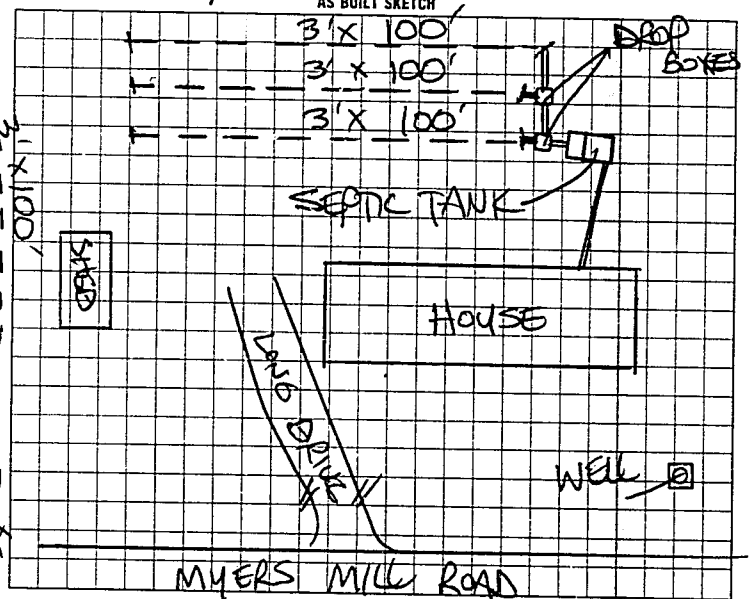
☐ Slab ✓ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments (1) KEEP SYSTEM MINIMUM 5' FROM MH & FUTURE HOUSE SITE 10' FROM PROPERTY LINE, 100' FROM WELL (2) INSTALL LINES ON CONTOUR, NO DEEPER THAN 36" 9' APART ON CENTER (3) MH TO BE REMOVED UPON OCCUPANCY OF HOUSE.

INITIAL SITE SKETCH



AS BUILT SKETCH



MYERS MILL ROAD (SR 1862)

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: X Brent Weisner

Improvement Permit by STEVE HEDRICK date 9/14/93

Existing System Inspection by _____ date _____

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HEDRICK date 9-12-95

Operation Permit by: _____ date _____

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