IREDELL COUNTY HEALTH DEPARTMENT

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

58620

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

PROPERTY DESCRIPTION NO. 20830 DATE 7-5-95 TAX MAP NO. 16H-A-64A Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR WISCO DIVERSIFIED OF AMERICA, INC PHONE: Business (910) 838-4000 Home

ADDRESS P.O. BOX 410, WILKESBORO, NC 28697

LOCATION I-77 N, TL NC 901, ~0.25 MILE ON RIGHT

SUBDIVISION GREASE TRAP 1500 BLOCK / SECTION LOT LOT AREA ~4.82AC SITE CLASS PS DESIGN FLOW 1500 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 3000 Gallons; STB 647 Date 3-19-95

Pump Tank: 3000 Gallons; PT 97 Date 11-19-95

Pump Make: LITE GIANT Model 165-CIM Serial No. 514630

Nitrification Field: No Fields 1 Square Feet 6000 Linear Feet 1500

No Lines 20 Trench Width 36" Max Trench Bottom Depth 29-34" Gravel Depth N/A

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

System Description: PUMP-FED CHAMBERED

Repair System Description: PUMPED CHAMBERED

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms ___ No. Bathrooms 2 No. Employees 2

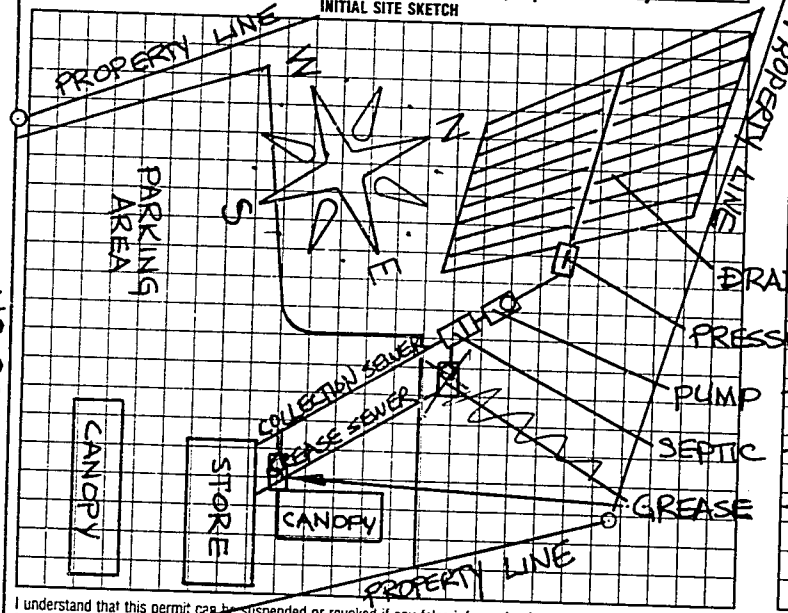
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

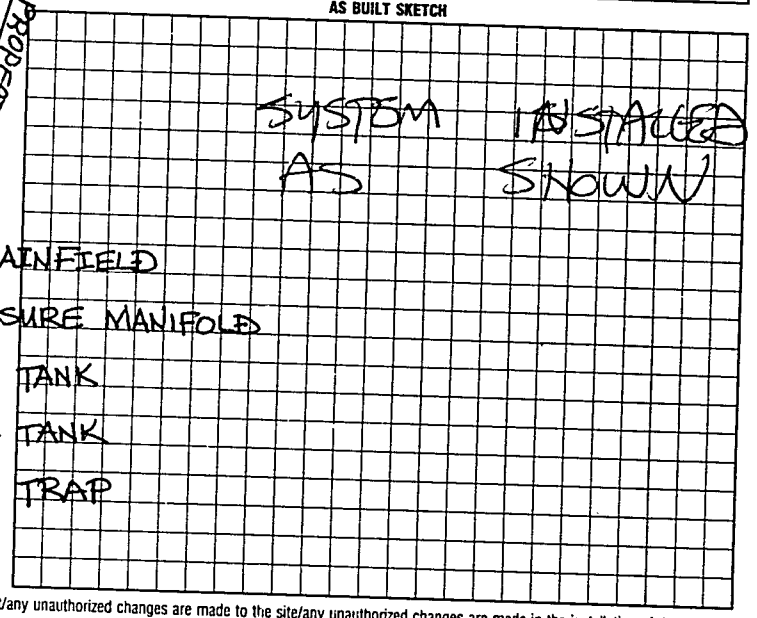
Comments: ① CONTACT HEALTH DEPT. TO FLAG SYSTEM AFTER CLEARING & PRIOR TO INSTALLATION. ② SEE ATTACHED SHEETS FOR PUMP & PRESSURE MANIFOLD REQUIREMENTS AND SYSTEM DETAIL

Comments: ① PUMP TANK RE-SET DUE TO FLOATING ON 1-19-96 ② SYSTEM INSTALLED DURING PERIOD OF HEAVY RAIN AND SNOWFALL..

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: _____

Improvement Permit by: STEVE HEDRICK date 7-5-95

Existing System Inspection by: _____ date _____

Installed by: TOMMY FRYE

Certificate of Completion by: _____ date _____

Operation Permit by: STEVE HEDRICK date 7-18-96

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