IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106174 PIN# 4624 97 2231 DATE 6/25/02

OWNER OR CONTRACTOR Elsworth Widenmayer PHONE: Business _____ Home No

ADDRESS 104 Wellcraft Court Mooresville, NC. 28117

LOCATION 1100 Tr Yacht Rd. TR Wellcraft Ct, # 104, first drive on (R)

SUBDIVISION ~~CLIFF~~ BLOCK / SECTION _____ LOT _____ LOT AREA EXISTING SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields _____ Square Feet ~~Linear Feet~~ existing Sys

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

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

System Description: Gravity - 16" PABS

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

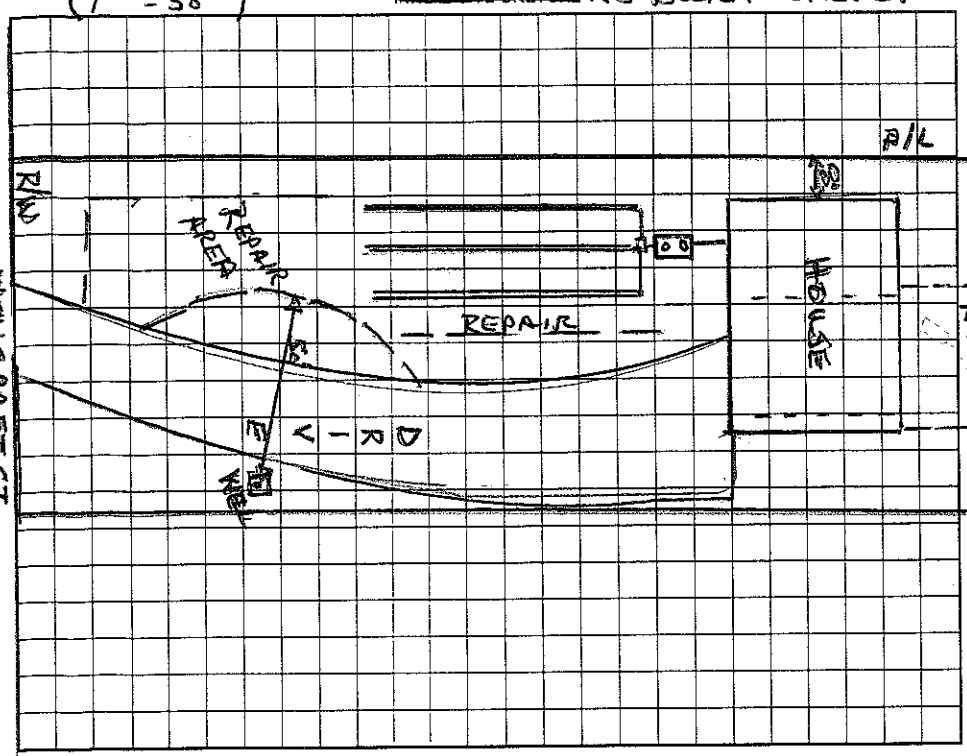
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

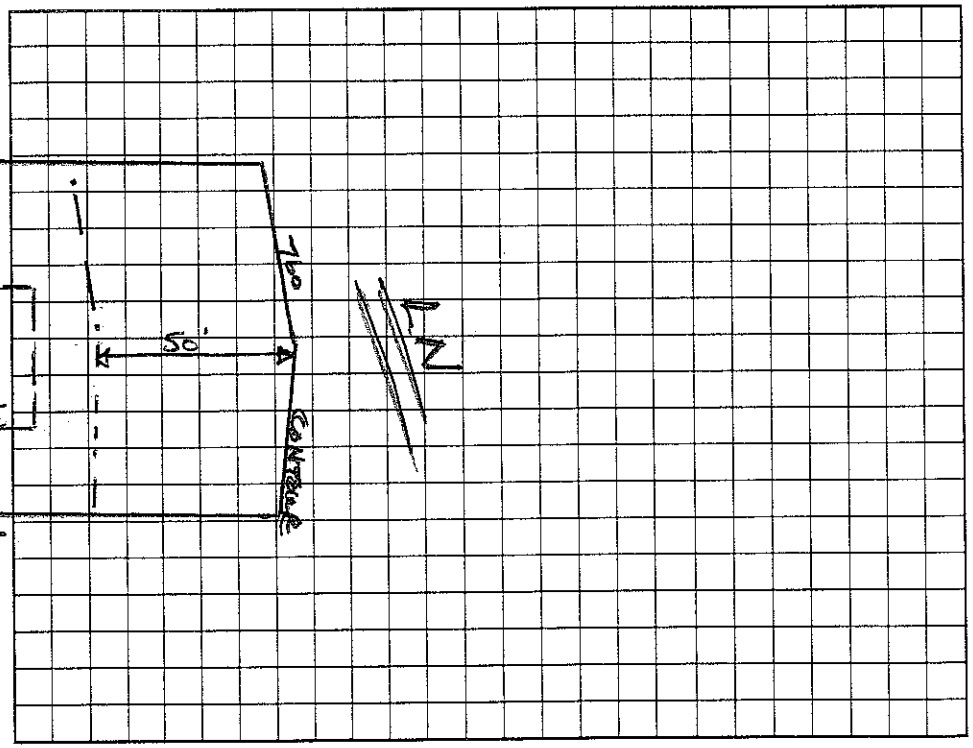
Comments:/Conditions: 1 - Route plumbing from rear of house to the front draining into existing Septic Tank and Drainfield.

Comments:/Conditions:

(1" = 50') ~~INITIAL SITE SKETCH~~ AS BUILT 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: [signature] date 6-27-02 Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Wesley Sparks RS. date 6/25/02

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