IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 70[illegible]5281

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

PERMIT# 083739 PIN# ~~4638831890~~ ~~4638839160~~ 4638831890 DATE 11/13/02

OWNER OR CONTRACTOR M+M Home Design / BYRON J WEBB PHONE: Business 704-799-0375 Home

ADDRESS PO Box 4062 Mooresville NC 28117

LOCATION 150 W TR Perth Rd, TR Wilson Lake, on Lt.

SUBDIVISION ~~[illegible]~~ BLOCK / SECTION _____ LOT ~~[illegible]~~ LOT AREA 3.39 AC SITE CLASS. PS DESIGN FLOW 720 L.T.A.R. 0.5

Septic Tank: 1500 Gallons; STB 1014 Date 4/2/02

Pump Tank: 1500 Gallons; PT 46 Date 3/16/02

Pump Make: Zoeller Model N163-F Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 6@80 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Press. Man. @ Gravel Cap

Repair System Description: Some

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 6 No. Bathrooms 5 No. Employees _____

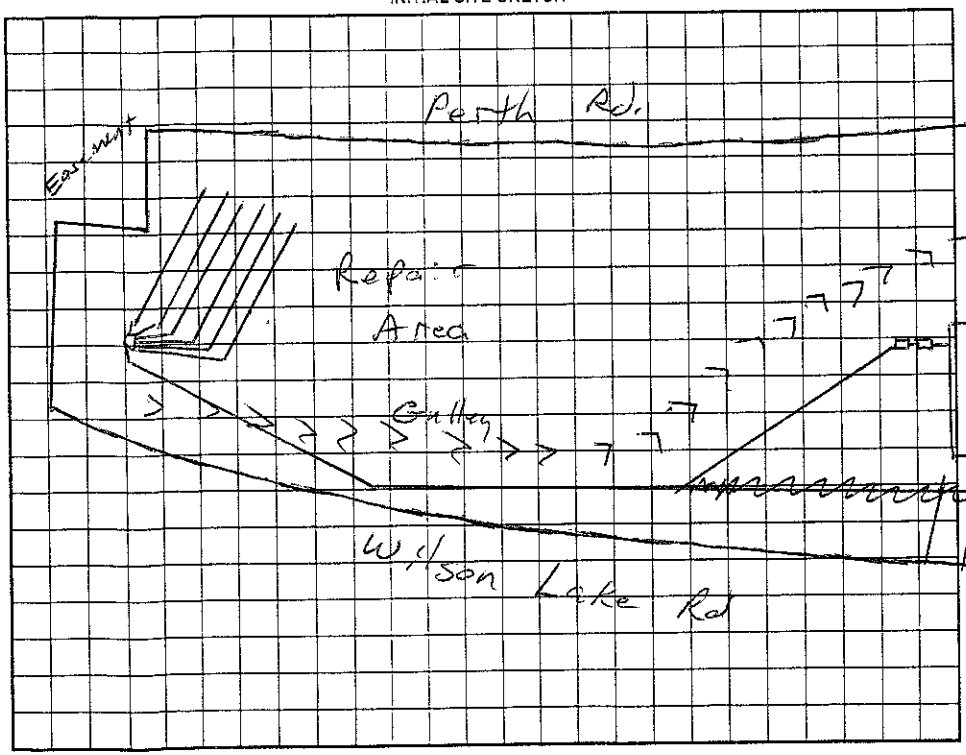
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

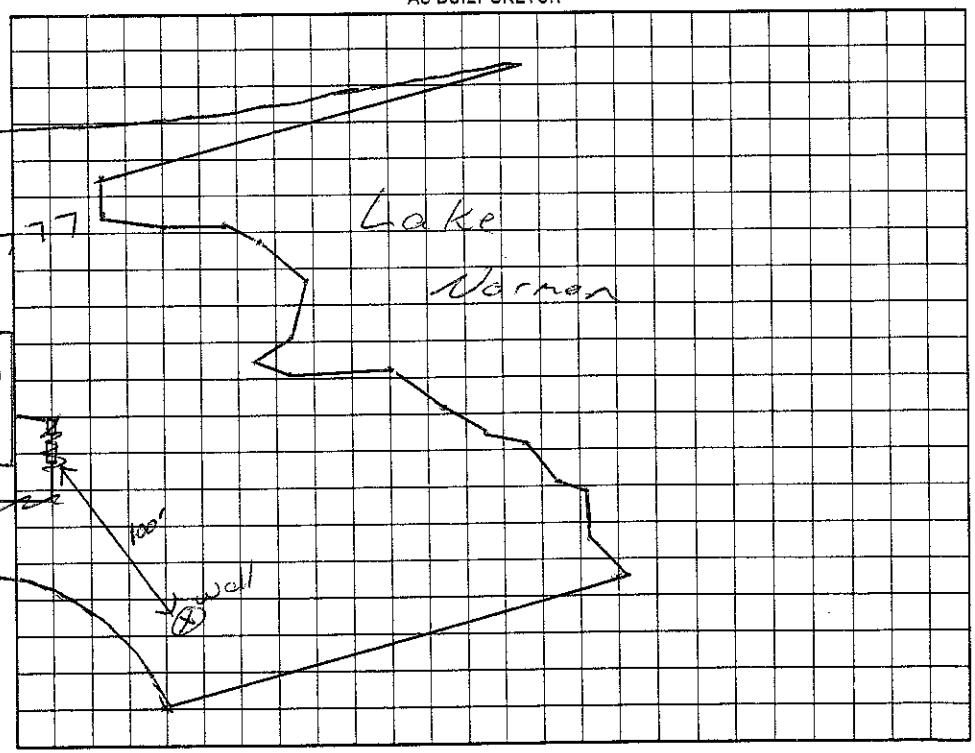
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE 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 _____ Installed by: Rowan Septic

Improvement Permit by: [signature] RS date 11/13/02 Operation Permit by: [signature] RS date 4/7/03

Authorization to Construct by: [signature] RS date 11/15/02 Existing System Inspection by: _____ date _____

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