IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 129445 PIN# 4638917449 DATE 1-29-07

OWNER OR APPLICANT Joyce N Wilson PHONE: Business 336-761-2437 Home 336-406-1491

ADDRESS 132 Lathem Farm Rd Mocksville NC 27028

LOCATION 150 W TR Perth TR Lakeshore School Rd th Wilson Lake Rd on left 337 Wilson Lake Rd

SUBDIVISION CLOT BLOCK / SECTION 11 LOT 11 LOT AREA 1.757Ac SITE CLASS. _____ DESIGN FLOW _____ 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 _____
No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair ☐ Expansion System Type: I ☒ II III IV V VI
System Description: Existing
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons 6
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

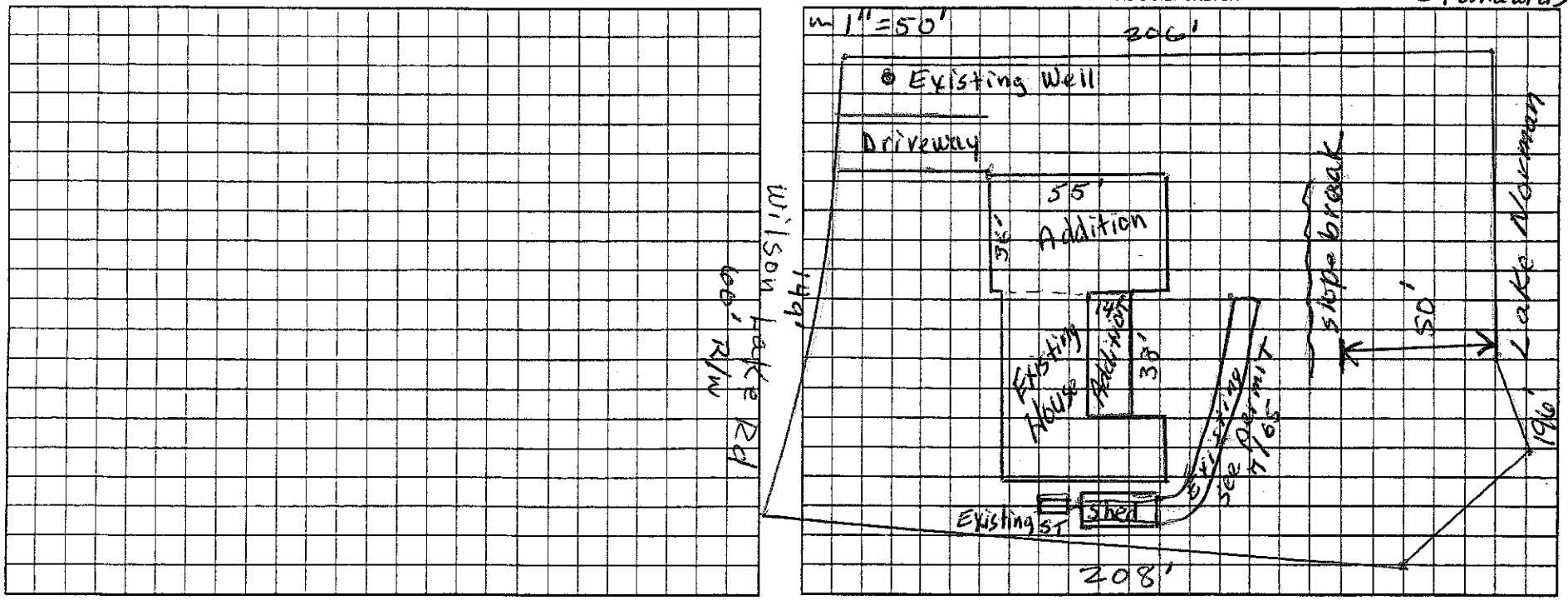
☐ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Comments:/Conditions: Above ground shed no foundation
Existing house. 3 bd. changing 1 bd. to study & adding new bd.
System undersized according to today's standards

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: Joyce N Wilson date 2-5-07

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Judy Melville date 1-29-07

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