$375

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103941 PIN# 4644-47-1444 DATE 4/15/02

OWNER OR CONTRACTOR Stan + Dianne Meserve PHONE: Business _____ Home 704-987-9431

ADDRESS 180 Sink Farm Rd Mooresville NC 28117

LOCATION Langtree, TL Mecklyan, TR West Paces at end on Lt.

SUBDIVISION West Paces BLOCK / SECTION _____ LOT 3 LOT AREA 0.60 Ac. SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1012 Date ~~4/17/02~~

Pump Tank: 1000 Gallons; PT 17 Date 8/21/02

Pump Make: Goulds Model WE07121H Serial No. D0258207

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200

No Lines 4 Trench Width ~~24~~ 24" Max Trench Bottom Depth 42" Gravel Depth —

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

System Description: LP Panel Block

Repair System Description: Pretreatment Panel Block

Maintenance Agreement Required: ☒ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms ____ No. Employees ____

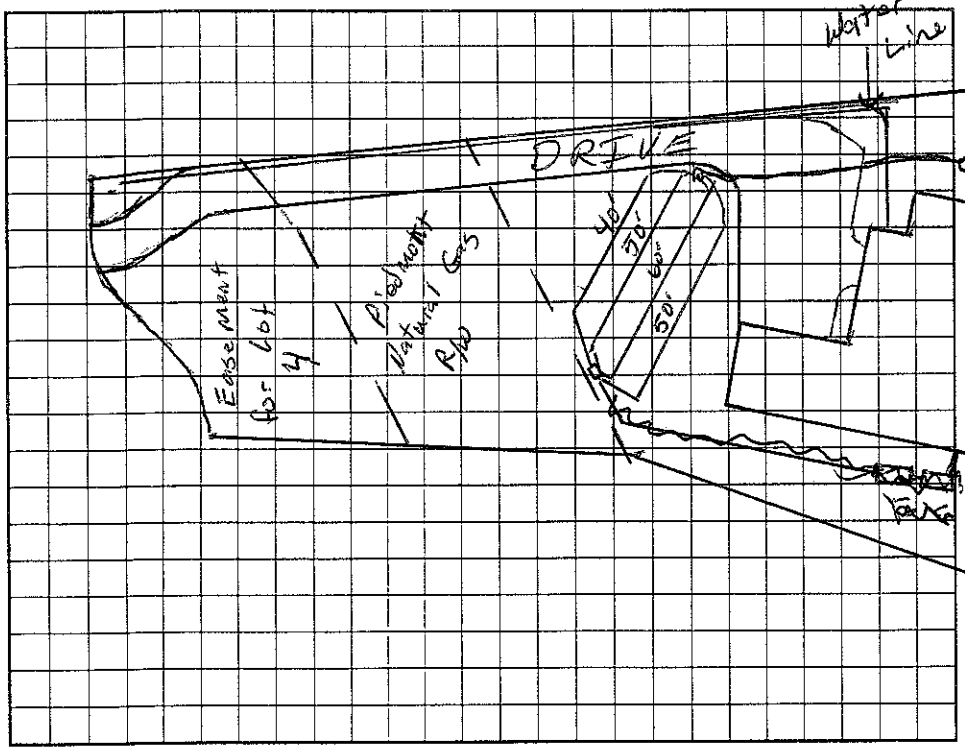
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

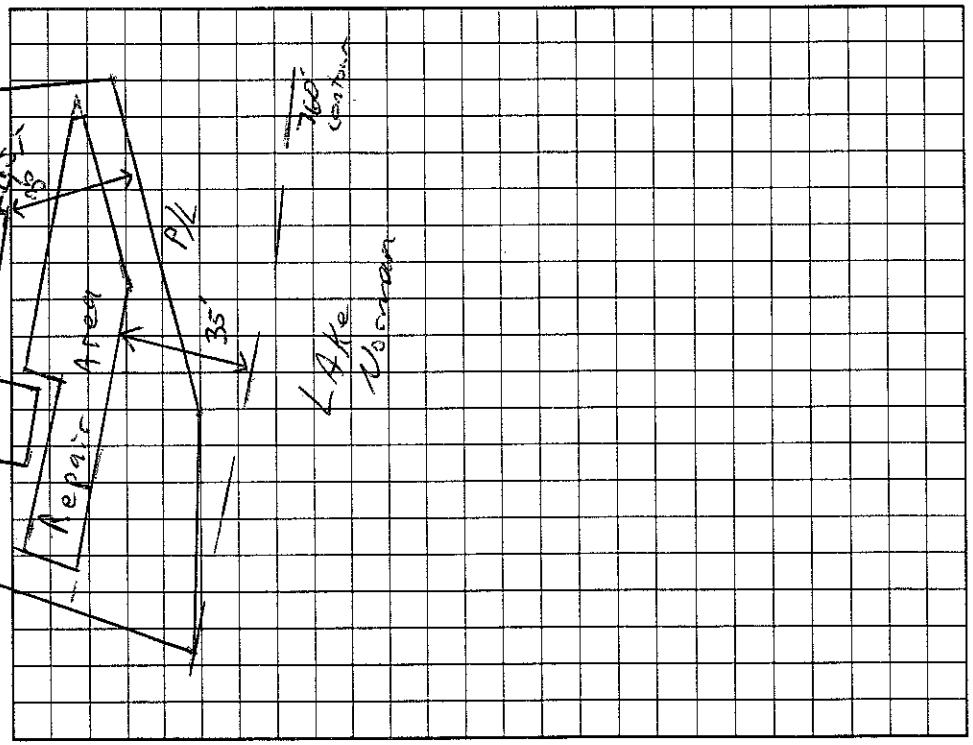
Comments:/Conditions:

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: Dianne R Meserve date 5/3/02 Installed by: Tommy Frye

Improvement Permit by: [signature] RS date 4/15/02 Operation Permit by: [signature] RS date 7/14/03

Authorization to Construct by: [signature] RS date 4/15/02 Existing System Inspection by: _____ date _____

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