IREDELL COUNTY HEALTH DEPARTMENT

TATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 105045 PIN# ~~4654 08 1404~~ 4654080933 DATE 3/26/02

OWNER OR CONTRACTOR Dilbert Allred PHONE: Business _____ Home 704-896-6072

ADDRESS 2017 Mocksville Hwy Mooresville, NC. 28117 / 220 Bridges Farm Rd

LOCATION 15-21 S TR Bridges Farm Rd. on (R) just past first house on (R)

SUBDIVISION No BLOCK / SECTION _____ LOT _____ LOT AREA 1.13 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons: STB 825 Date 1/5/03
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ____ Square Feet 360 Linear Feet 1080
No Lines 5@72' Trench Width 3' Max Trench Bottom Depth 36" Gravel Depth No

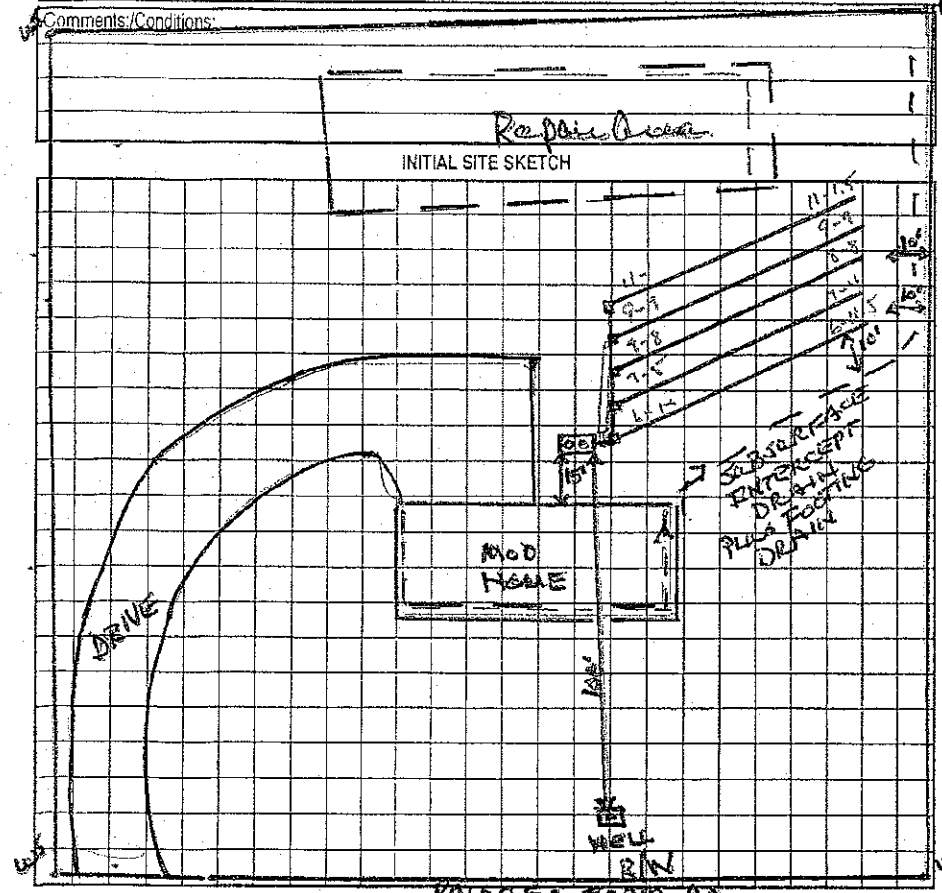
X New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: Disp Box - EZ Flow - CH Plastic
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space X Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
X Individual
☐ Public
☐ Community

Comments:/Conditions:

INITIAL SITE SKETCH



Comments:/Conditions:

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: X [signature] date 5-20-02 Installed by: C.D. Roseman

Improvement Permit by: Wesley Sparks R.S. date 3/26/02 Operation Permit by: Wesley Sparks R.S. date 3/13/03

Authorization to Construct by: Wesley Sparks R.S. date 3/26/02 Existing System Inspection by: _____ date _____

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