IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct

4655176772

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. Repair DATE 5/16/96 TAX MAP NO. Repair Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Mrs Wentcoff PHONE: Business _____ Home _____

ADDRESS 102 Freemont Loop Mooresville, NC. 28115

LOCATION Mocksville Hwy TL Faith Rd. TL 1st Freemont house on (L) corner

SUBDIVISION Freemont Park BLOCK / SECTION _____ LOT _____ LOT AREA Existg SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .25

Septic Tank: Existg Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320

No Lines 5 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: CoNV -

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

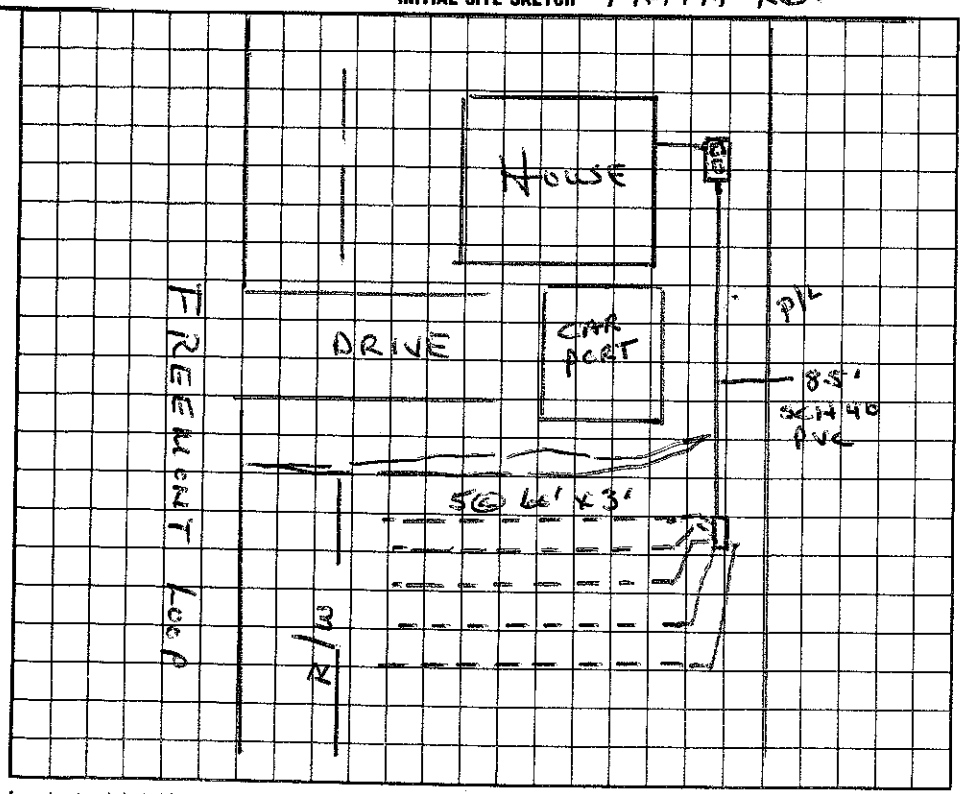
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☒ Community
☐ Public

Comments:

Comments:

INITIAL SITE SKETCH FAITH RD.



AS BUILT SKETCH

I understand that this 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.

Signed: _____ Installed by: Otho Davis

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Authorization to Construct Existing System Inspection by: Wesley Sparkes date 5/16/96 Operation Permit by: C. Bridgeman EHS date 5/23/96

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