IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 080779 PIN# ~~4655 44 0251~~ 4655 44 2264 DATE 5/12/99

OWNER OR CONTRACTOR Angela Yandle (RONNIE) PHONE: Business _____ Home 892-0531

ADDRESS 138 Winedale Ln. Mooresville, NC. 28115

LOCATION 115 S TL Faith Rd TR Midway Lake Rd. TR Winedale Ln. TR just before last house to rear

SUBDIVISION No BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 794 Date 9/15/99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320
No Lines 3 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: Gravity Conventional Trench
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 2
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

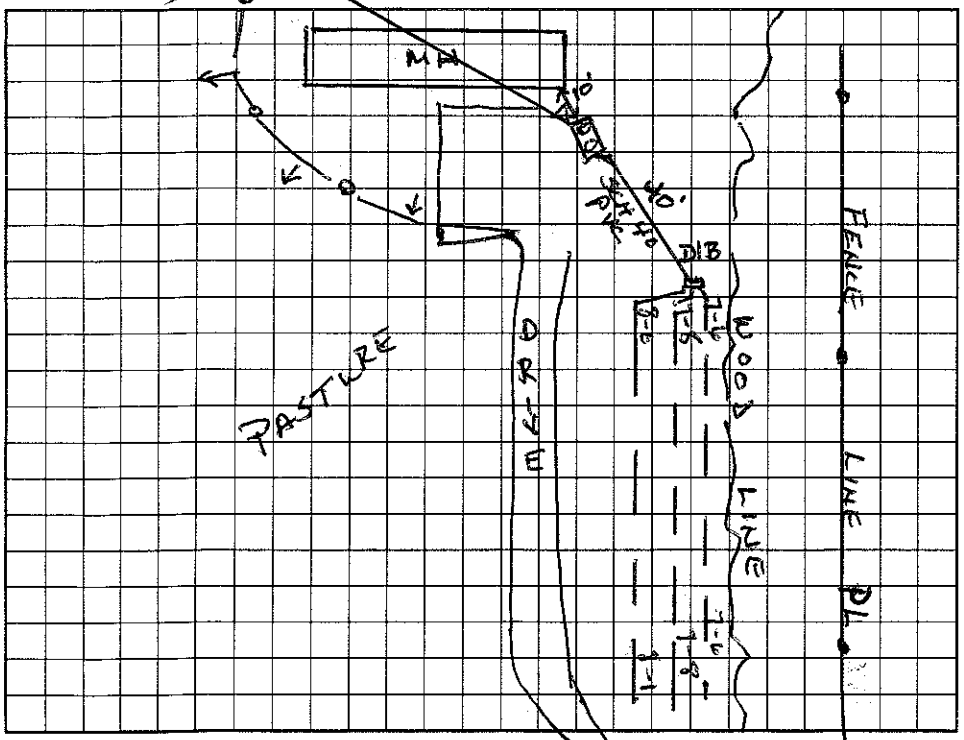
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

(1"=50')

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 Angela Yandle date 5/14/99
Improvement Permit by: Wesley Sparks R.S. date 5/12/99
Authorization to Construct by: Wesley Sparks R.S. date 5/12/99

Installed by: Levon Benton
Operation Permit by: Wesley Sparks R.S. date 12/7/99
Existing System Inspection by: _____ date _____

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