REDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct

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

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

PROPERTY DESCRIPTION NO. 067561 DATE 7/1/97 TAX MAP NO. 4658.82.146 Watershed: [X] Yes [ ] No

OWNER OR CONTRACTOR Lynda Westhan PHONE: Business _____ Home 528-3512

ADDRESS PO Box 1232 Mooresville, NC. 28115

LOCATION 21 N TL Bailey Rd, TR Toucan Rd. on R at end of Toucan Rd.

SUBDIVISION Farm Dale BLOCK / SECTION II LOT _____ LOT AREA 9.88 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

[X] New System [ ] Repair System Type: I, [II], III, IV, V, VI

System Description: DIST BOX → CONVENTIONAL

Repair System Description: SAME

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Bathrooms 2.5

[ ] Business No. Employees _____

[ ] Other _____

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

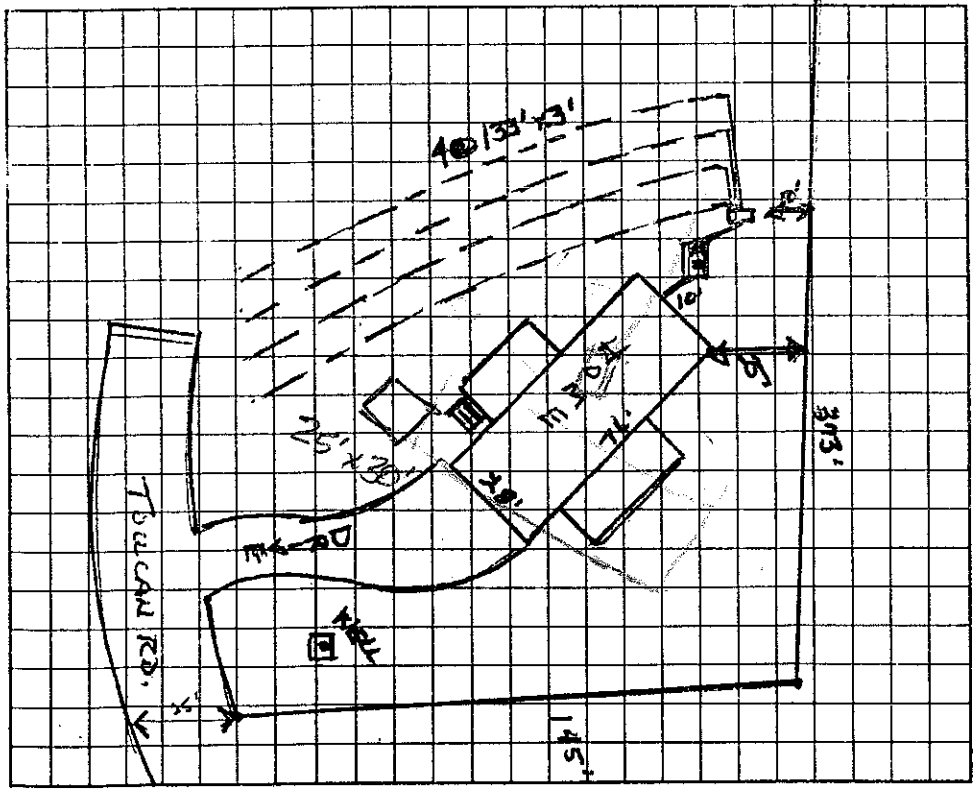
Water Supply: [X] Individual [ ] Community [ ] Public

Comments:

Comments:

ST ~ 30ft. off Hwy 115 Com Improvement Drainline to Access Property

INITIAL SITE SKETCH



AS BUILT SKETCH

Drive Way is Turned different & Road is not as far on to Property

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: Teresa Wadham

Improvement Permit by: Wesley Sparks RS. date 7/1/97

Existing System Inspection by: Wesley Sparks RS. date 7/1/97

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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