IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 069114 PIN# 4659 39 9270

OWNER OR CONTRACTOR Fort H Reed Jr. PHONE: Business _____ DATE 7/1/99

ADDRESS 134 Westwood Lane Mooresville, NC 28115 Home 663-7751

LOCATION 115-21 H TR Westmoreland Rd. TL Cardinal Lane to cul de sac on (R)

SUBDIVISION Cardinal Acres BLOCK / SECTION _____ LOT 31+32 LOT AREA ~1 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 3/4/99 [X] New System [ ] Repair System Type: I, (II), III, IV, V, VI

Pump Tank: _____ Gallons; PT _____ Date _____ System Description: Gravity - Conventional

Pump Make: _____ Model _____ Serial No. _____ Repair System Description: Pressure - Conventional

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400 Maintenance Agreement Required: [ ] Yes [X] No

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

[ ] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 2

[ ] Business No. Employees ____

[ ] Other

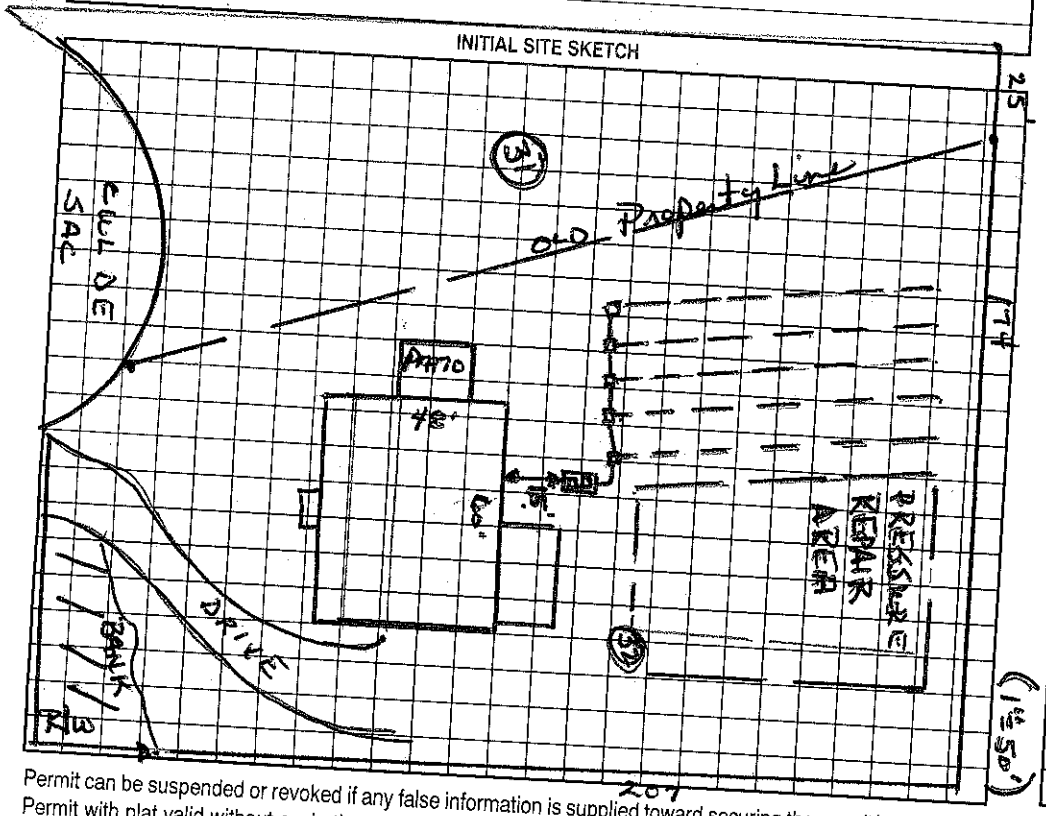
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments:/Conditions: Basement added to house necessitating Redraw.

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: _____ date _____

Improvement Permit by: Wesley Sparks RS. date 7/1/99

Authorization to Construct by: Wesley Sparks RS. date 7/1/99

Installed by: Delbert Bostian

Operation Permit by: Wesley Sparks RS. date 7/2/99

Existing System Inspection by: _____ date _____

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