# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 15449 DATE 7/29/93 4669-67-1697 TAX MAP NO. 44 B 39

OWNER OR CONTRACTOR ELIZABETH LAWRENCE PHONE: Business _____ Home 663-4273

ADDRESS WINTHROW CREEK RD MOORESVILLE, NC

LOCATION WINTHROW CREEK RD, SHINNVILLE RD. TR AT STORE X CREEK TL ON GRAVEL TO 3RD LOT, 1ST HOUSE ON L

SUBDIVISION No BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ L.T.A.R. _____

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 358 Date 5/3/93

Pump Tank: 1000 Gallons; PT 103 Date 5/3/93

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 3' Trench Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: CONV - SINGLE Pump

Repair System Description: CONV

Maintenance Agreement Required: ☑ Yes ☐ No 5YR

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 3.5 No. Employees _____

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

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

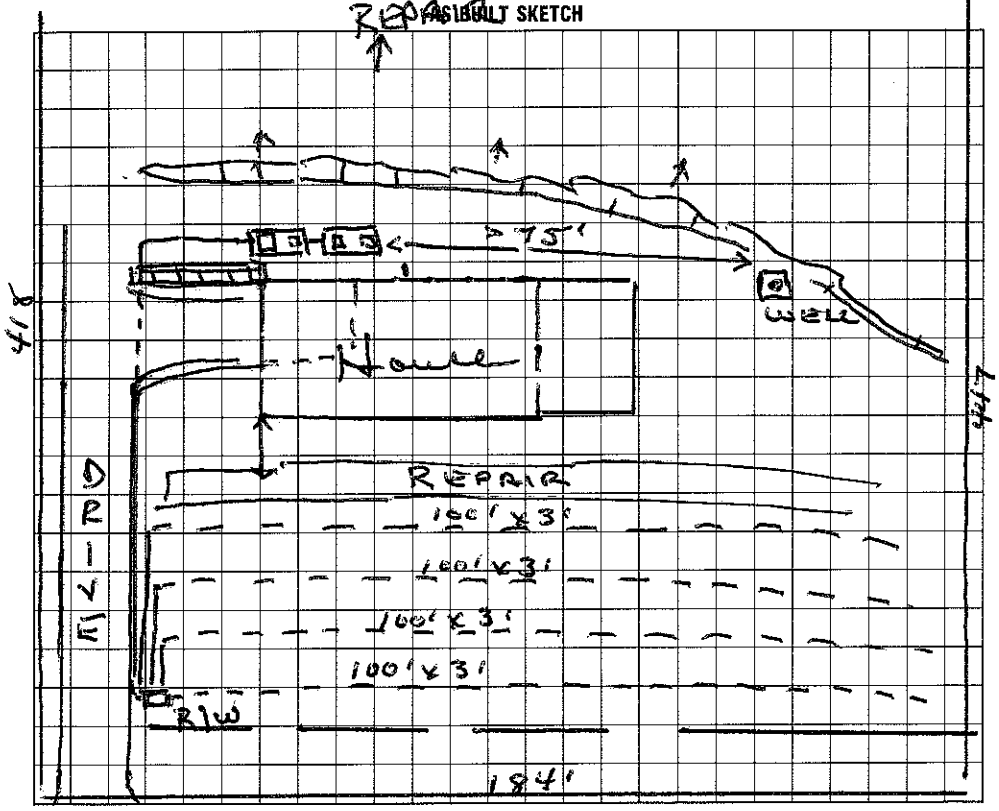
Auto. Washing Machine: ☑ Yes ☐ No

Other _____

Comments TO CREEK

### INITIAL SITE SKETCH

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

GRAVEL ROAD

Signed: _____

Installed by: Kenny Williams

Improvement Permit by: _____ date _____

Certificate of Completion by: _____ date _____

Existing System Inspection by: _____ date _____

Operation Permit by: Wesley Sparks R.S. date 7/29/93

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

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088331 PIN# 4669 67 1697 DATE 3/28/00

OWNER OR CONTRACTOR Charles Humphrey - Elizabeth Lawrence PHONE: Business _____ Home 663-4273

ADDRESS 125 Sweet Brier Ln. Mooresville, NC. 28115

LOCATION Shimmill Rd. - R Watters Creek Rd. X creek TL Sweetbriar Ln., 2nd on (L)

SUBDIVISION No BLOCK / SECTION _____ LOT _____ LOT AREA 1.87 AC SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: Existg Gallons; STB _____ Date _____

Pump Tank: Existg Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet Existing Sqft Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing System

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms ___

☐ Mobile Home No. Bathrooms ___

☐ Business No. Employees ___

☒ Other Pool House

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

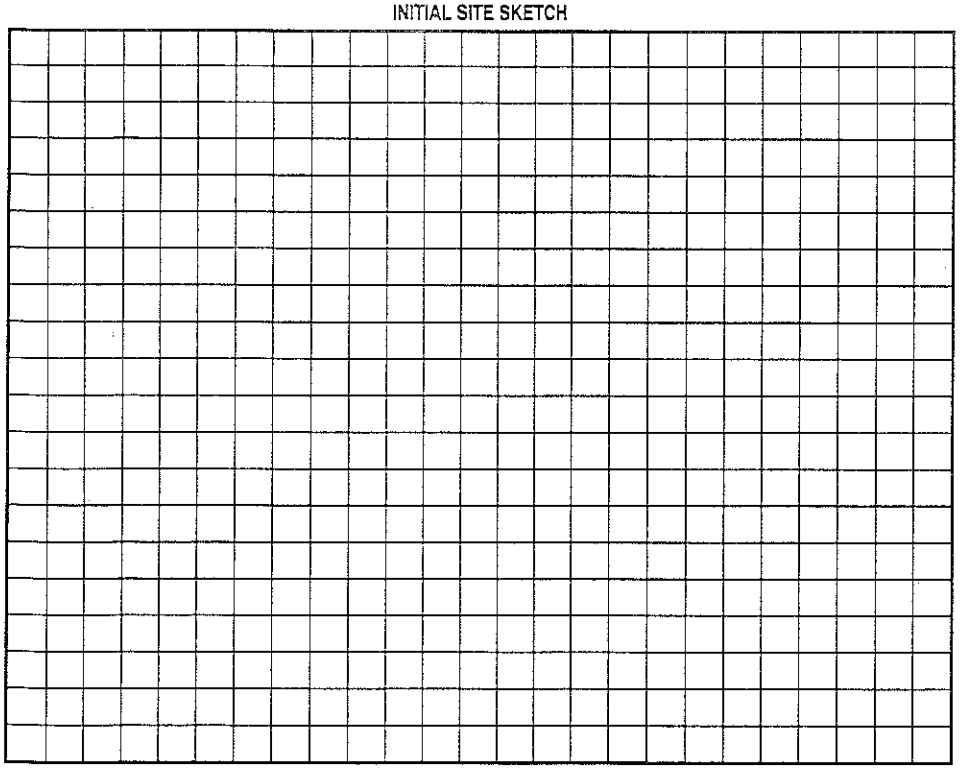
Water Supply:
☒ Individual
☐ Public
☐ Community

Comments:/Conditions:

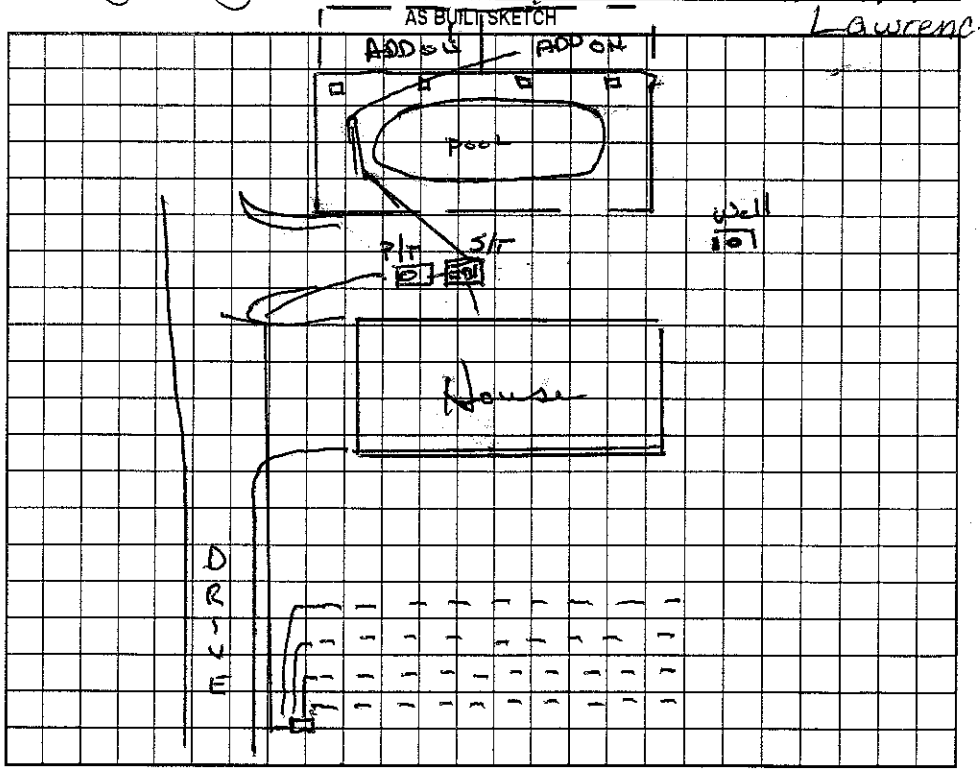
Comments:/Conditions: Existing System location - Plumbing must be into S/T

☆ Originally installed/permitted 11/92 Elizabeth Lawrence

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: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Wesley Sparks RS date 3/28/00

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