IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 081027 PIN# 4669 86 3036 DATE 8/4/99

OWNER OR CONTRACTOR Bessie La Force PHONE: Business _____ Home 663-2472

ADDRESS 382 Winthrow Creek Rd. Mooresville, NC. 28115

LOCATION Mapppa Rd. TL Triplett Rd. TL Winthrow Creek Rd. 4th 2nd house on (L)

SUBDIVISION No BLOCK / SECTION _____ LOT _____ LOT AREA 21.44 AC SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB [redacted] T44 Date 8/20

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Trench - Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes [X] No

[X] House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

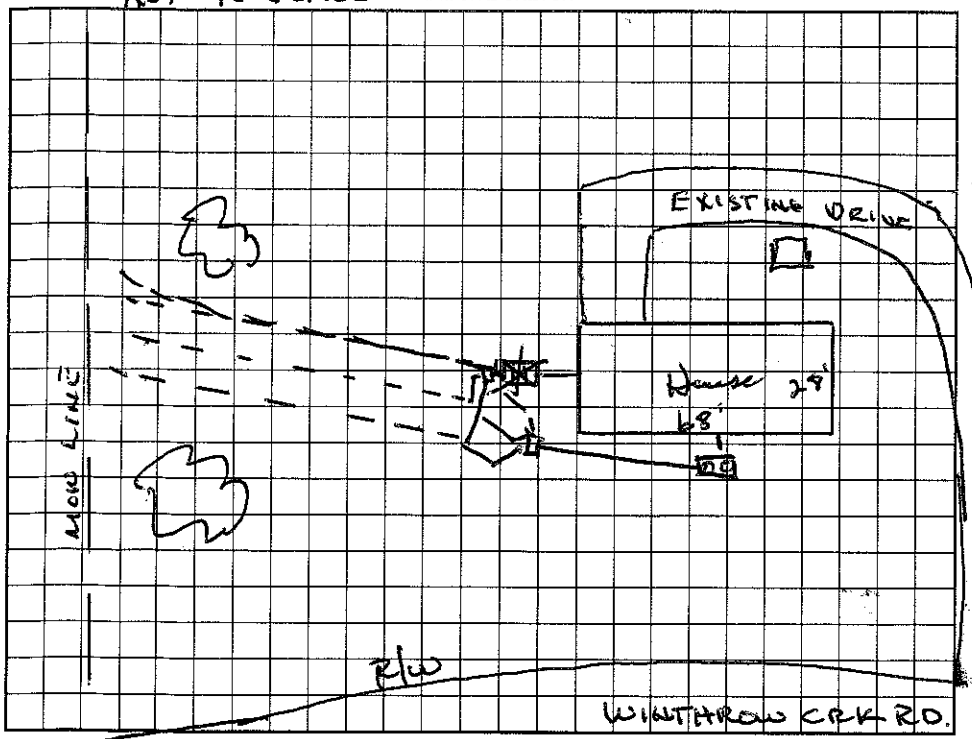
☐ Other _____

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

Water Supply: [X] Individual ☐ Public ☐ Community

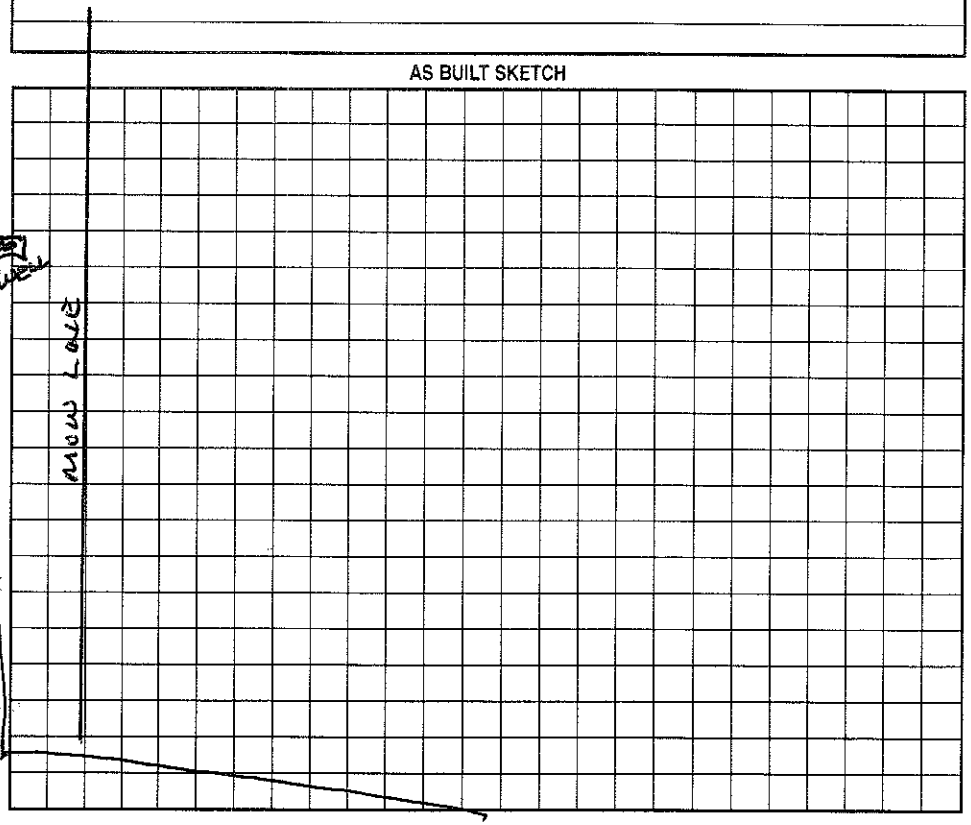
Comments:/Conditions:

NOT TO SCALE 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: + Bessie S. La Force date _____

Improvement Permit by: Wesley Sparks RS. date 8/4/99

Authorization to Construct by: Wesley Sparks RS date 8/4/99

Installed by: F J Gwinn

Operation Permit by: Wesley Sparks RS date 10/25/99

Existing System Inspection by: _____ date _____

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