Address is now 122 Carlyle – PIN 4740612826

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 086629 PIN# 4740 61 ~~8455~~ 3841 DATE 12/28/99

OWNER OR CONTRACTOR [redacted] Louise Moose PHONE: Business _____ Home 528-0110

ADDRESS PO Box 633 Troutman NC 28166

LOCATION 115 N TL Flower Haven Loop TL Carlyle Rd. to 114 108 Carlyle

SUBDIVISION Louise Moose BLOCK / SECTION _____ LOT PT2 LOT AREA ± 3.0 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 11/14/99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND.

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

System Description: 25% Reduced System

Repair System Description: None

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Bathrooms 3 No. Employees ____

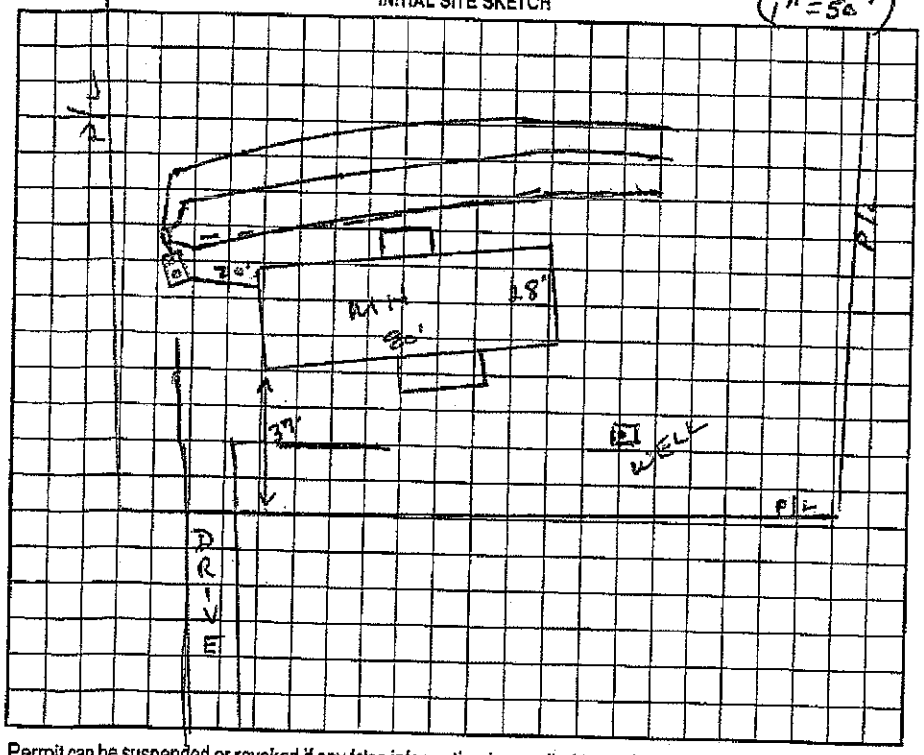
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions:

Comments/Conditions:

INITIAL SITE SKETCH (1" = 50')



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: [redacted] date 12-28-99 Installed by: Donald Lackey

Improvement Permit by: Wesley Sparks RS. date 12/28/99 Operation Permit by: Wesley Sparks RS. date 1/3/00

Authorization to Construct by: Wesley Sparks RS. date 12/28/99 Existing System Inspection by: _____ date _____

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