# IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 3/1/99

PERMIT# 65738 PIN# ~~4627912794~~ 4627812435 PHONE: Business _____ Home _____

OWNER OR CONTRACTOR SHAVENDERS BLUFF - (HOPKINS)

ADDRESS 540 - EMERSON DR. MOORESVILLE

LOCATION BRAWLEY SCHOOL - TR BLUME - TL BEATEN PATH - TL BEATEN PATH AGAIN - ON LT

SUBDIVISION SHAVENDERS Bluff BLOCK / SECTION _____ LOT 58 LOT AREA 1.69 AC SITE CLASS PS DESIGN FLOW 360GPD L.T.A.R. .30 PPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 7/6/99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 @ ~~33~~ 99 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAVITY CHAMBERS OR HDS

Repair System Description: PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

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

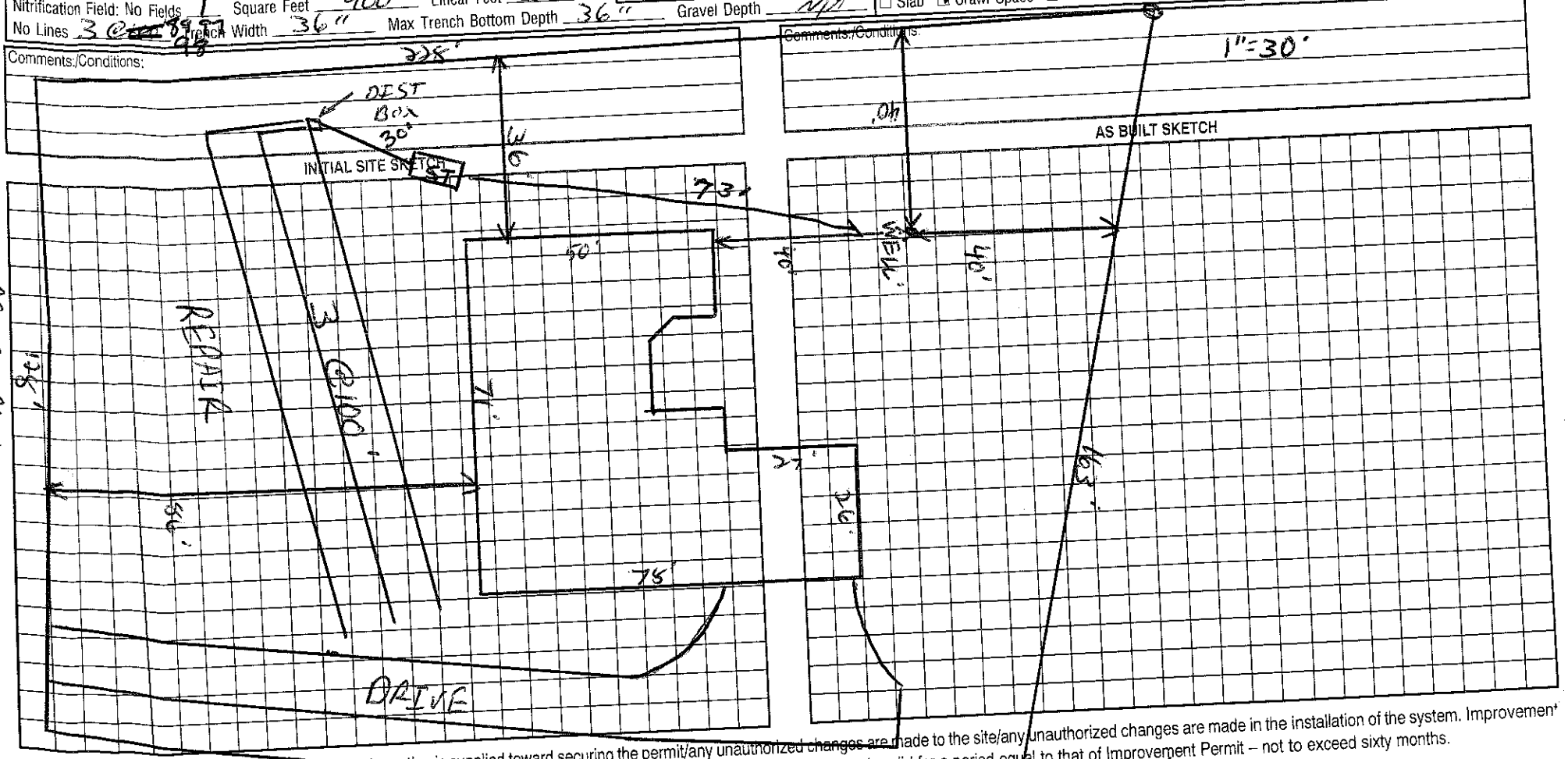
No. Bedrooms 3 No. Bathrooms 2½ No. Employees _____

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

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions:

INITIAL SITE SKETCH




Comments/Conditions:

1"=30'

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 _____ Installed by: Brent Gallihar

Improvement Permit by: _____ RS date 3/1/99 Operation Permit by: Wesley Sparks RS. date 9/14/99

Authorization to Construct by: _____ RS date 3/11/99 Existing System Inspection by: _____ date _____

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