CJ

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135796 PIN# 4629946630 DATE 6-1-06

OWNER OR APPLICANT KENT SHAW PHONE: Business 704-528-4421 Home 704-528-4494

ADDRESS PO BOX 1061 TROUTMAN NC 28166

LOCATION 21 SOUTH (D) PORTH (E) Shak Park (F) Meadow FARM (L) St: Wallace LOT #67 ON LEFT

SUBDIVISION CLOT BLOCK / SECTION 17 LOT 67 LOT AREA +/- 86 SITE CLASS. B3 DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: 1250 Gallons: STB ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 2 x 120' Trench Width 36" Max Trench Bottom Depth ____ Gravel Depth 12" ☒ Gravity ☐ Pressure

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

System Description: 60 PAN CONV

Repair System Description: PRE 77/83 NO REPAIR

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Persons 6 No. Employees ____

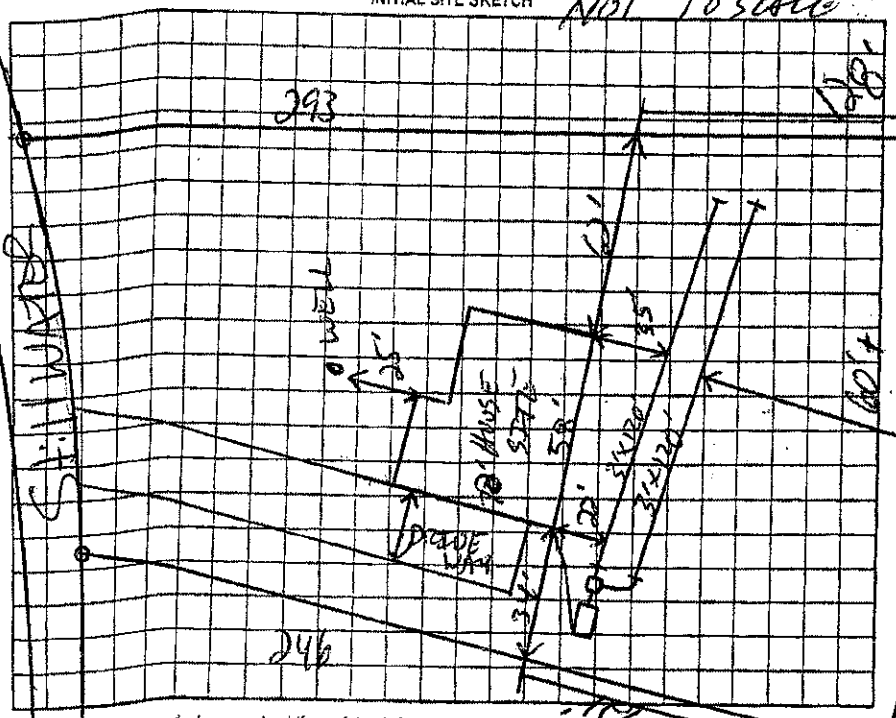
Water Supply: ☒ Individual ☐ Public ☐ Community

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

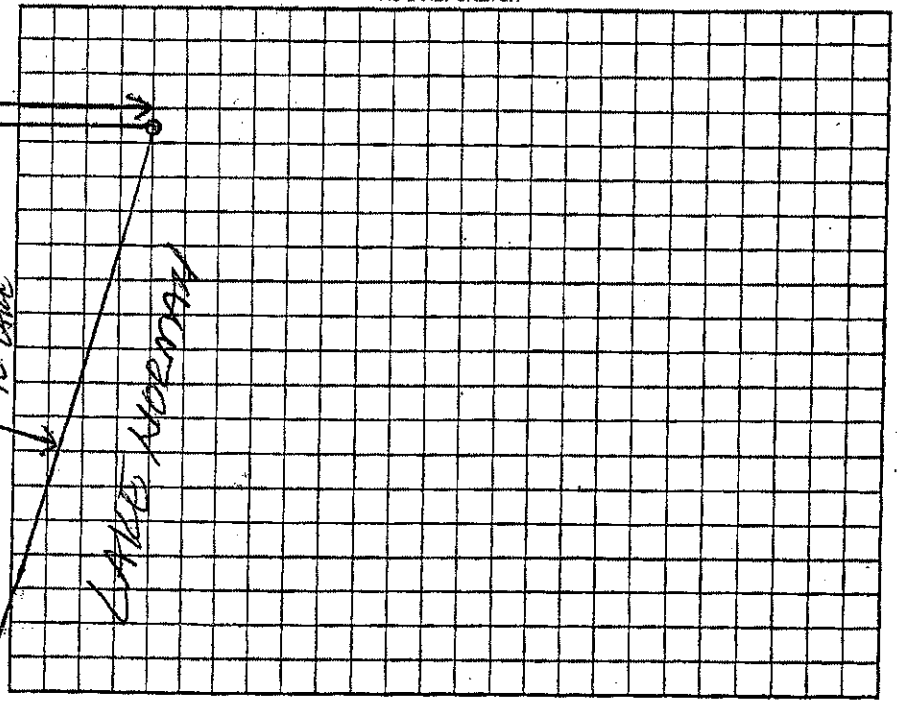
Comments:/Conditions: (1) THIS IS AN EXISTING SYSTEM CHECK (2) SYSTEM Properly functioning AT Time of Check (3) Flow is Staying in the Send (4) MAINTAIN SETBACKS

Comments:/Conditions:

INITIAL SITE SKETCH NOT TO SCALE



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: [signature] 6/2/06 date 6-2-06 Installed by: WES CATTEN

Improvement Permit by: [signature] date 6-1-06 Operation Permit by: ____ date ____

Authorization to Construct by: [signature] date 6-1-06 Existing System Inspection by: [signature] date 6-1-06

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