IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088050 PIN# 4635 38 4398 DATE 4/3/00

OWNER OR CONTRACTOR ~~Shane Page~~ Ryan-West Dev. PHONE: Business _____ Home 873-971-5379

ADDRESS 3161 Morningdale Dr. Mt Pleasant, SC. 294660

LOCATION 1100 ft ~~Hall of Pines~~ (L) Ruby Rd. to 2nd lot on (L)

SUBDIVISION PINEVIEW BLOCK / SECTION _____ LOT 5 LOT AREA .97 Ac SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 5/21/04

Pump Tank: 1000 Gallons; PT 29 Date 4/12/04

Pump Make: ZOELLER Model PN 152 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Pres. Manifold to Conventional

Repair System Description: 16" OPPBS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

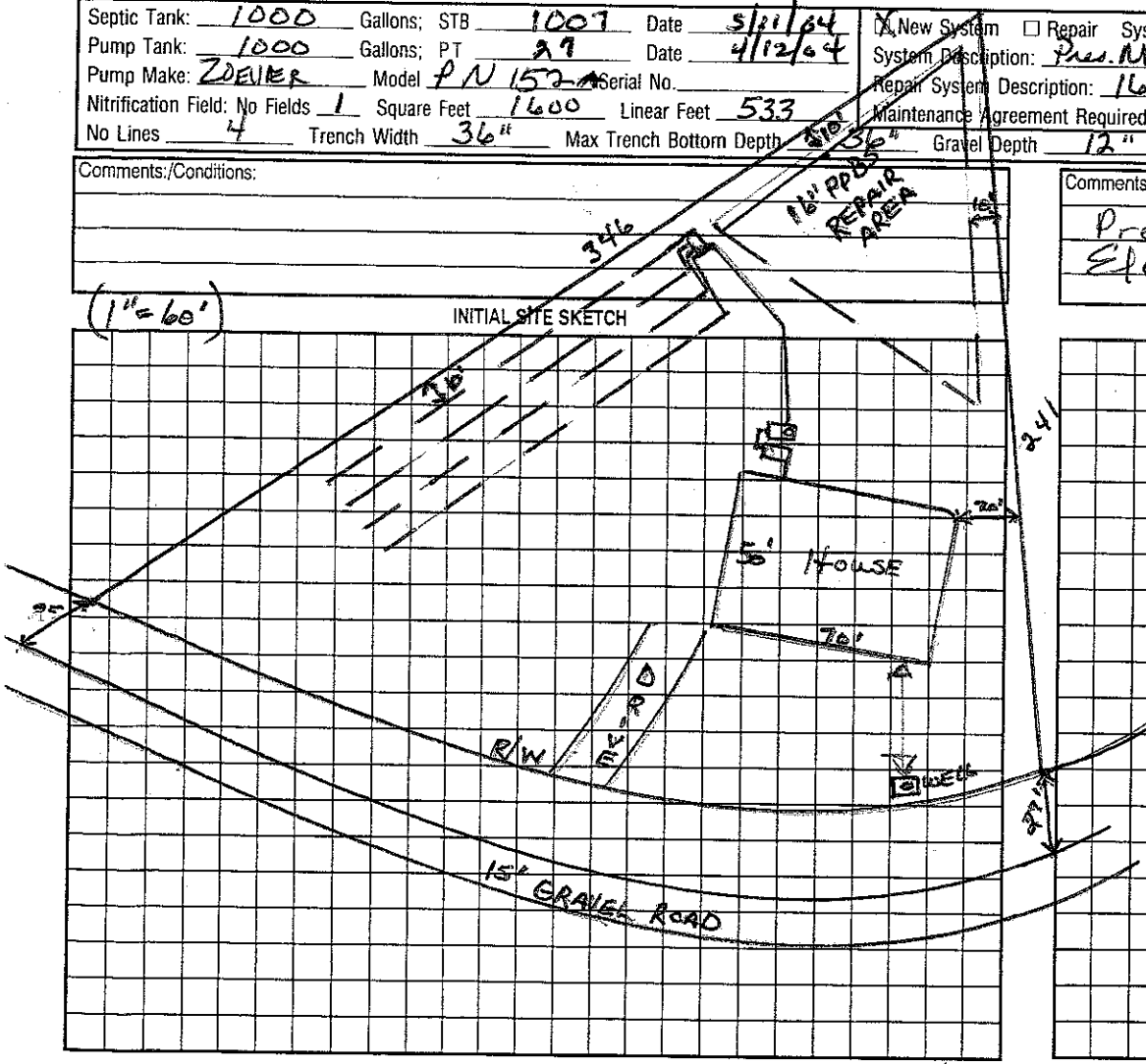
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: Tanks & lines checked by WS
Pressure checked by GM
Elect & alarm checked by MD

INITIAL SITE SKETCH (1" = 60')



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: ~~Pam Talbert~~ date 4/6/00

Improvement Permit by: Wesley Sparks RS. date 4/3/00

Authorization to Construct by: Wesley Sparks RS. date 4/3/00

Installed by: Wayne Clontz

Operation Permit by: Maina M Dotson date 10/7/04

Existing System Inspection by: _____ date _____

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