IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 066854 PIN# ~~4638 77 1116 pc~~ 4638-77-8527 DATE 2/17/98

OWNER OR CONTRACTOR ROBERT SHUMAKE PHONE: Business 391-3156 Home

ADDRESS 2612 HOLTON AVE CHARLOTTE NC 28208

LOCATION HWY 150 W - TR PERTH RD - TL WOODSTORK - ON RT

SUBDIVISION HARBOR VIEW BLOCK / SECTION I LOT 34 LOT AREA .6AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .30GPD/FT2

Septic Tank: 1000 Gallons; STB ~~825~~ 825 Date 2/27/98
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4 @ 75' 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 CHAMBERED ONSITE
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

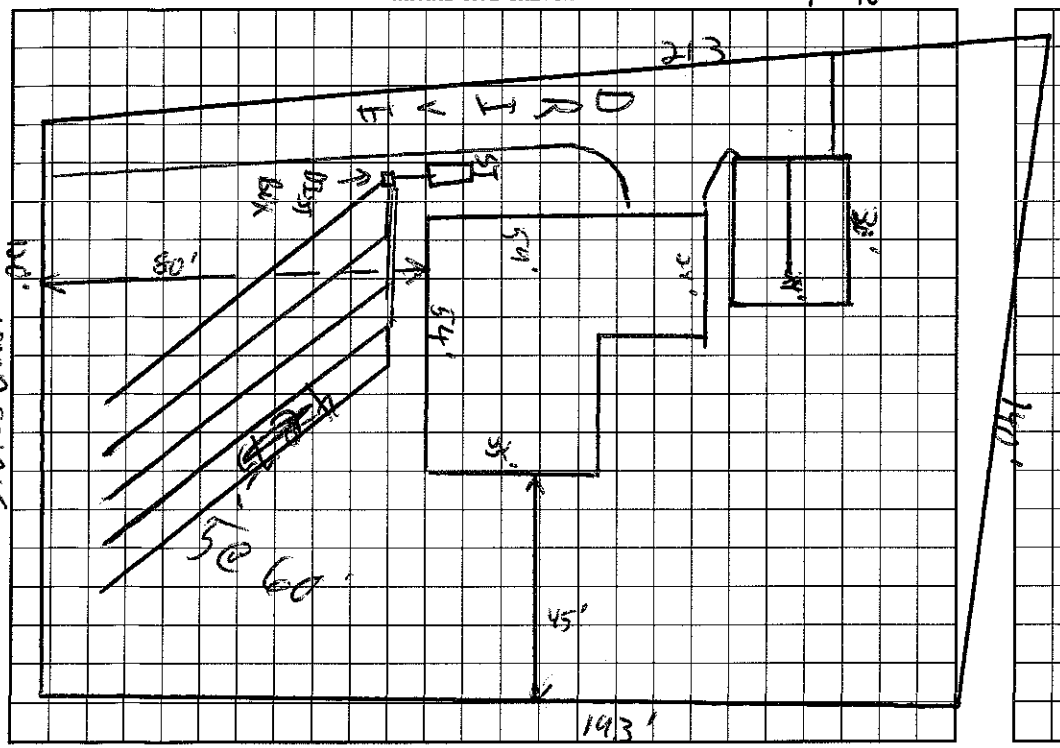
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Public
☑ Community

Comments:/Conditions:

Comments:/Conditions: UPPER 3 LINES CHECKED - (5 @ 60')

INITIAL SITE SKETCH 1"=40'



AS BUILT SKETCH

I understand that this 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 11-19-98 Installed by: D BOSTAIN

Improvement Permit by: C. _____ RS date 2/17/98 Operation Permit by: C. _____ B date 4/6/99

Authorization to Construct by: C. _____ RS date 2/17/98 Existing System Inspection by: _____ date _____

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