ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

PERMIT # OSWP 2023 - 20945

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4645 -- 23 -- 1390

APPLICANT/OWNER: Johnstone Shyock LLC

APPLICANT ADDRESS: 210 N Catawba Ave 28031

SITE ADDRESS: 135 Bain Ln, Mooresville, 28117

PHONE: 704-987-9369 ALT. PHONE 704-309-0382

SITE DIRECTIONS: Langtree - (R) Yeoman - (R) Bain Ln - Lot on (L)

SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Yeoman Shores

SECTION: 3 LOT # PB8-48 LOT AREA: 1.11

DESIGN FLOW: Ex. L.T.A.R.: Ex.

Septic Tank	Ex.	(gal)	STB		Date				
Pump Tank		(gal)	PT		Date				
Pump Make			Model		Serial #				
# Nitrification Fields	Ex.	# Lines	Ex.	Linear Ft	Ex.				
Trench Width	Ex.	Trench Bottom Depth(Low side)	Ex.	Gravel Depth	Ex.				

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

System Description: Existing

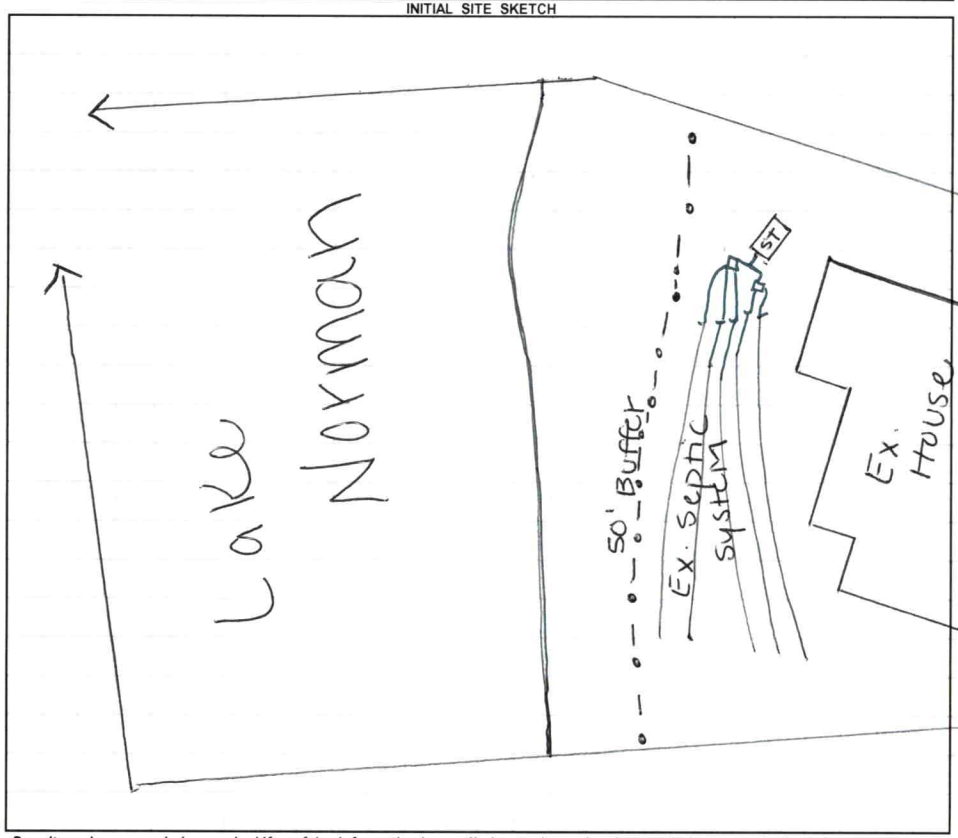
Repair System Description: Existing

Maintenance Agreement Required: ☐ ~~YES~~ ☐ ~~NO~~ ☐ ~~GRAVITY~~ ☐ ~~PRESSURE~~

☑ Residence	No. Bedrooms	Ex.	Water Supply		
☐ Business	No. Persons	—	☑ Private		
☐ Other	No. Employees	—	☐ Public		
☐ Slab	☑ Crawl Space		☐ Community		
☐ Basement w/plumbing			☐ Basement w/o plumbing		

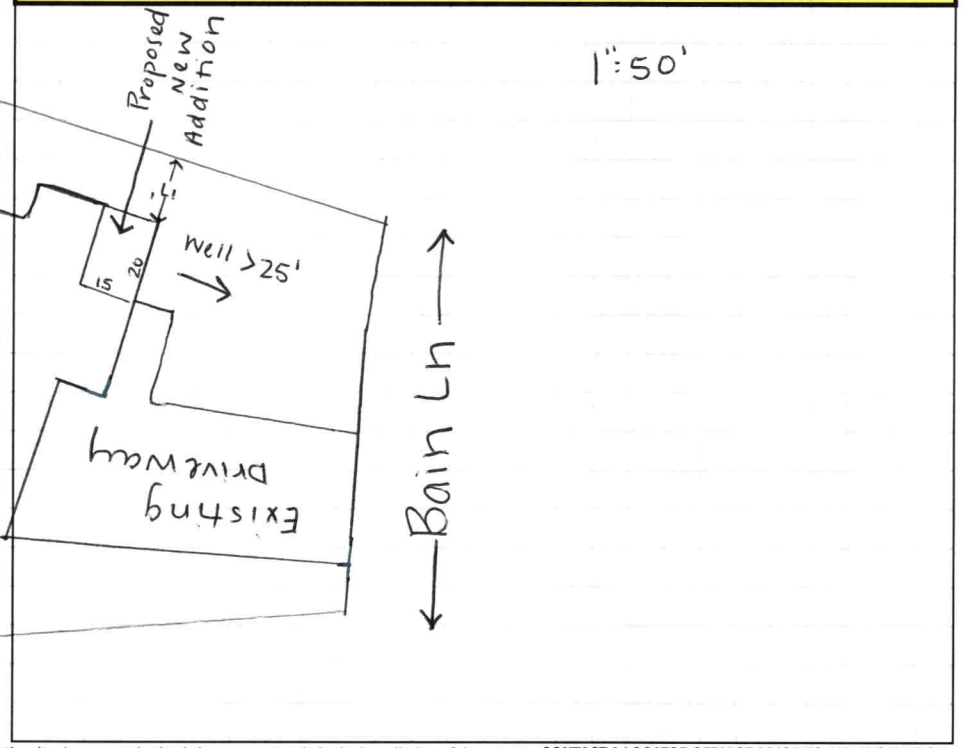
Comments / Conditions: System functioning properly at time of inspection.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** ***with plat*** *valid without expiration.* ☑ **IMPROVEMENT PERMIT** ***with site plan*** *valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date: _____ Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: _____ OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Sydney Holland Date: 4/28/23

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

4645231390

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR William H. Cannon DATE 5/31/89 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION 21 S. X I77 TL 1206 TR 1102 (Langtree)
TR 1202 (Yeoman Lane) TR Bain 2nd house on Left S. R. No. ______

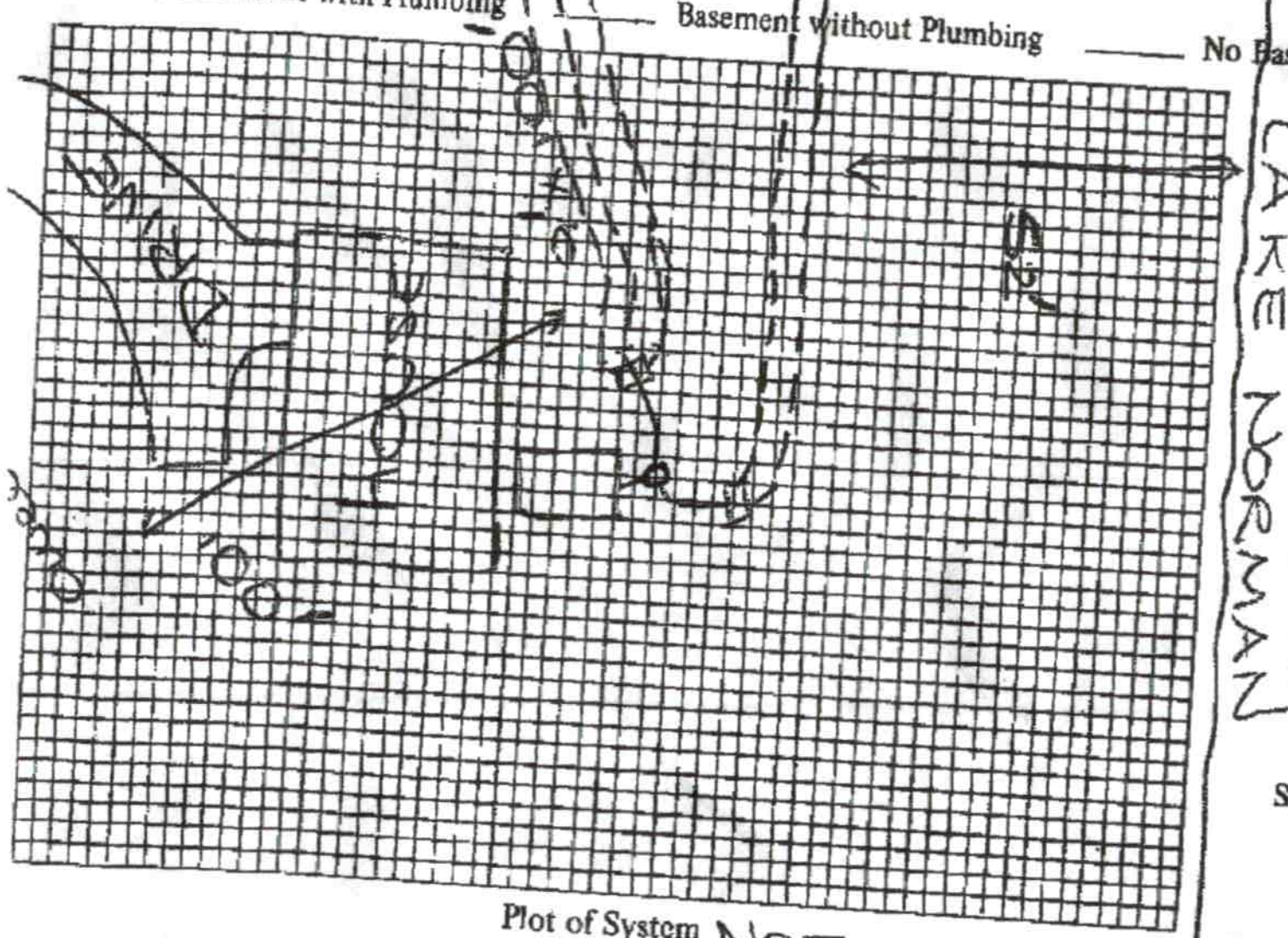
SUBDIVISION NAME Yeoman Shores LOT NO. Z 3 SECTION OR BLOCK NO. ______

House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 4 No. Bathrooms 3
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area existing

Character & Porosity of Soil Clay
Percolation Rate .4 gpd / ft2
Topography 6-10%
Depth to Water Table 4'+
Rock or other impervious formations none observed

✓ Basement with Plumbing ______ Basement without Plumbing ______ No Basement



Plot of System NOT TO SCALE

Size of Tank existing Gals.
Nitrification Field: 1
No. of Lines 3 x 100'
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Julian Bowles

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: ______

IMPROVEMENTS PERMIT BY David R. Hinson

COMMENTS: ______

CERTIFICATE OF COMPLETION BY Andie C. Pierce, R.S. DATE 5/31/89

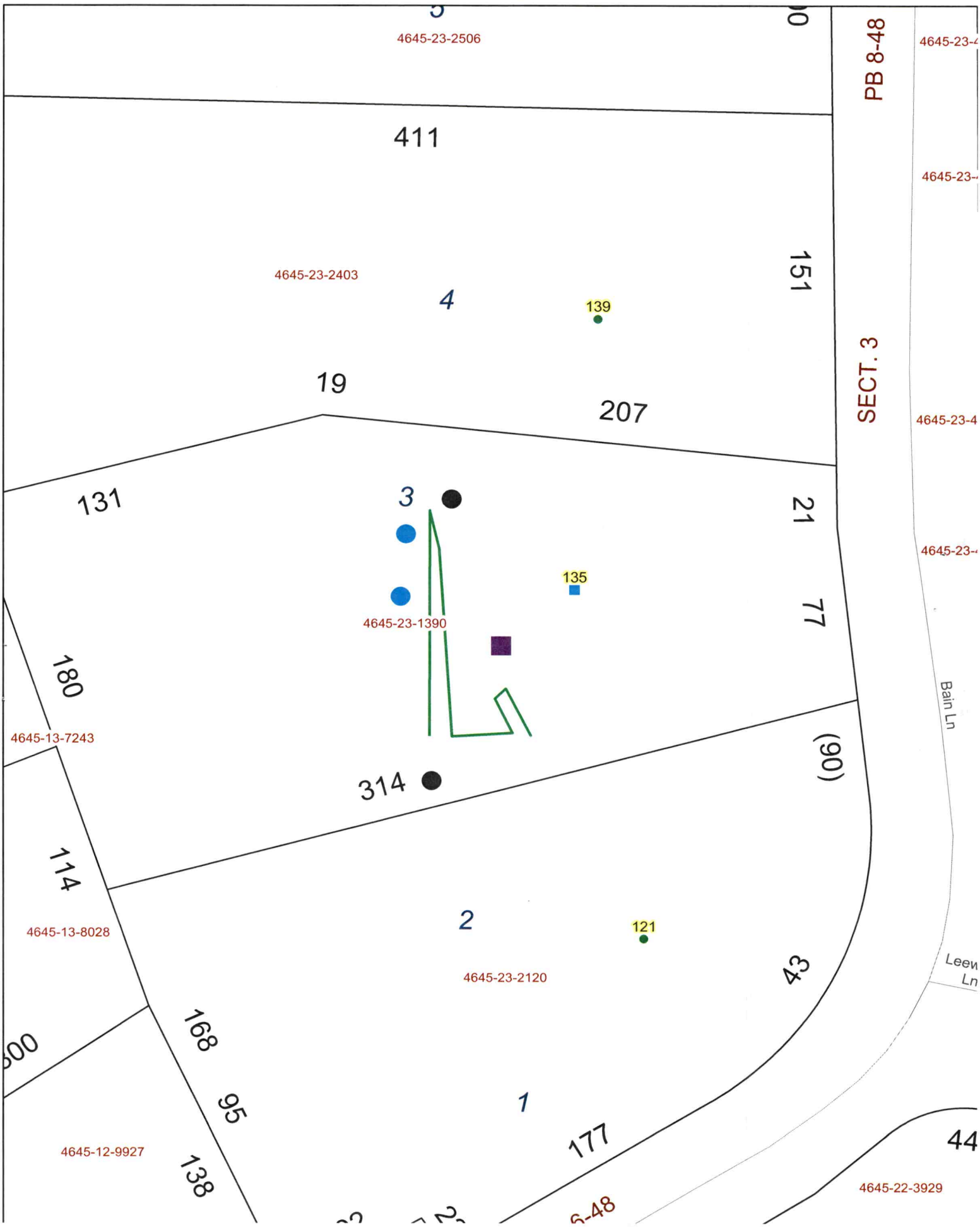
EXISTING SYSTEM CHECKED BY: ______ DATE ______

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

Switch?
manuel
only 2 were running


4645-23-2506
411
PB 8-48
4645-23-2403
4
139
151
SECT. 3
19
207
131
3
21
135
4645-23-1390
77
180
4645-13-7243
(90)
Bain Ln
314
114
4645-13-8028
2
121
4645-23-2120
34
168
95
1
177
44
138
4645-12-9927
4645-22-3929