IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 155.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 101377 PIN# 4645 54 4611 DATE July 27, 01

OWNER OR CONTRACTOR Judith L. McFall PHONE: Business _____ Home _____

ADDRESS 365 Northwest Dr. Davidson NC 28036

LOCATION 21 S TL Alcove TR Wades Way on Right

SUBDIVISION Shady Grove BLOCK / SECTION _____ LOT 1 LOT AREA 0.76 Ac SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 7/10/02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 400/600 Linear Feet 200

No Lines 4 @ 50' Trench Width 24" min 600 OR 36" min 900 Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No Initially

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

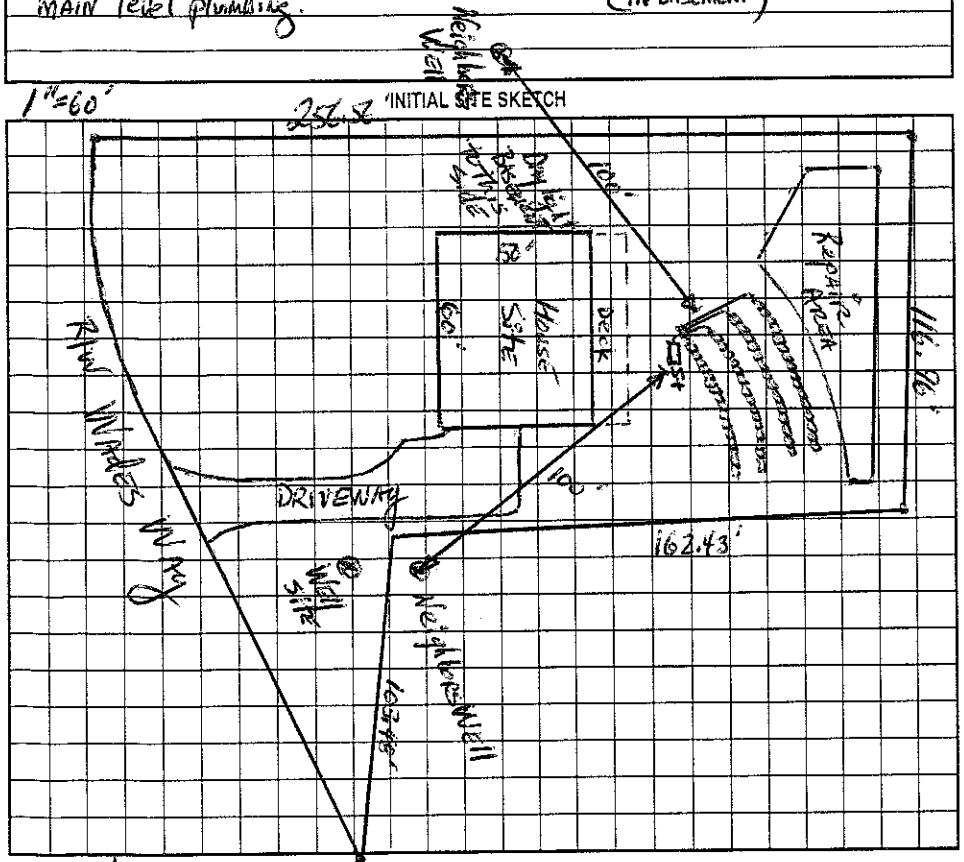
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

Comments/Conditions: In floor sump chamber to be used to lift to main level plumbing. (in basement)

Comments/Conditions: Tanks & 2 Lines OK

INITIAL SITE SKETCH



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 3-19-02 Installed by: Shane Hall

Improvement Permit by: _____ date 7-27-01 Operation Permit by: Wesley Sparks RS. date 9/6/02

Authorization to Construct by: _____ RS date 3/20/02 Existing System Inspection by: _____ date _____

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