IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 #125.00 MOORES 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTI /STEM INSPECTION

PERMIT# 090721 PIN# 4648 97 2561 DATE 8/17/00

OWNER OR CONTRACTOR Joe Shupe Jr. PHONE: Business _____ Home 663-4629

ADDRESS 155-4 Piedmont Dr. Mooresville, NC. 28115

LOCATION 2 INTL Cornelius Rd. TR Dorothy Ln. lot on (R) before culde sac begins

SUBDIVISION Woodhills BLOCK / SECTION _____ LOT 10 LOT AREA ~1.07AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 8/29/2000
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines ~~6~~ (3 ~~3~~) Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND

[X] New System [ ] Repair System Type: I, II, (III) IV, V, VI
System Description: FLOWRIDER - 2 DIST BOXES
Repair System Description: HAS 0 CH PLASTIC
Maintenance Agreement Required: [ ] Yes [X] No

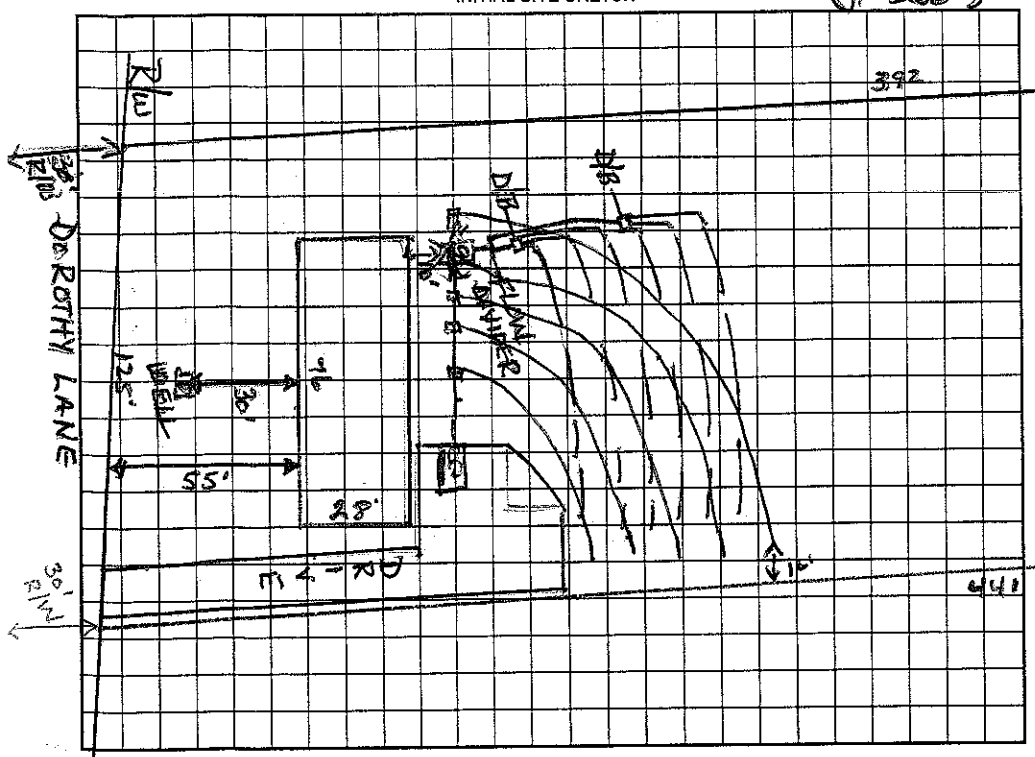
[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 3
[ ] Business No. Employees _____
[ ] Other _____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

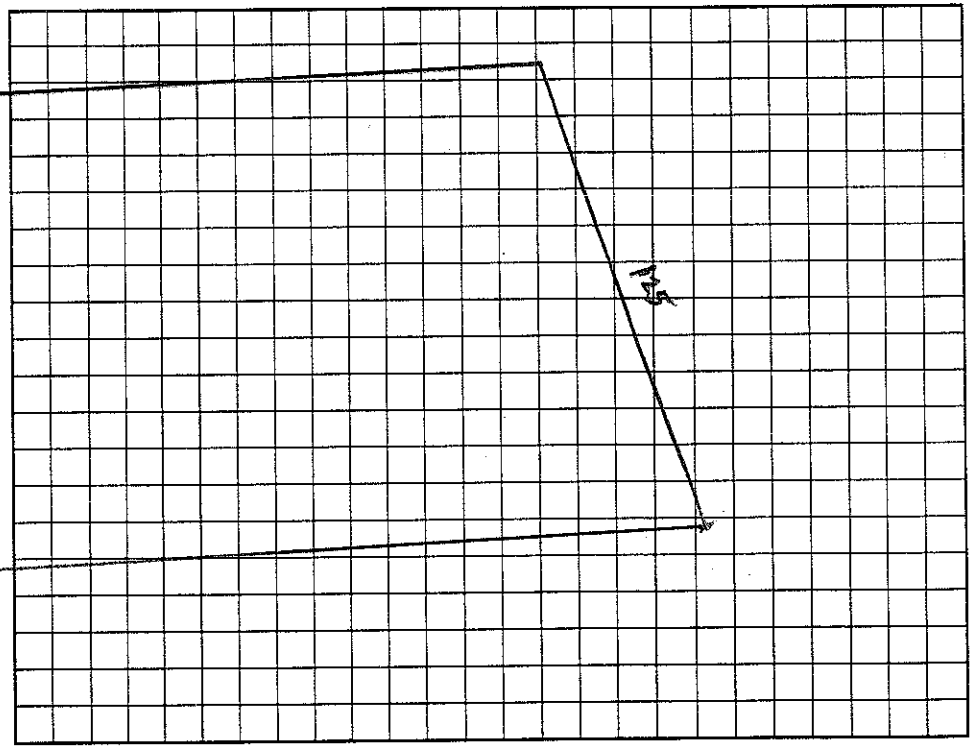
Comments:/Conditions: 5 lines (50-130')

Comments:/Conditions: Installed drop boxes and 5 lines totaling 400' of EZ Flow

INITIAL SITE SKETCH (1" = 50')



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: Roberta C. Shupe date _____ Installed by: A-1 Backhoe

Improvement Permit by: Wesley Sparks R.S. date 8/17/00 Operation Permit by: Wesley Sparks R.S. date 10/30/00

Authorization to Construct by: Wesley Sparks R.S. date 8/17/00 Existing System Inspection by: _____ date _____

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