IREDELL COUNTY HEALTH DEPARTMENT

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

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

~~1.30~~ 1.00

PERMIT# 123572 PIN# 4655447973 DATE 11-23-04

OWNER OR CONTRACTOR Esther Shumaker PHONE: Business _____ Home 892-8607

ADDRESS P.O. Box 35 Mt. Mourne, NC 28123

LOCATION Hwy 115 S TL Faith Rd TR Midway Lake Rd next to #152 on right

SUBDIVISION N/A BLOCK / SECTION _____ LOT _____ LOT AREA .74 Acre SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 11-24-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model 840 Serial No. 280
Nitrification Field: No Fields 1 Square Feet ~~1200~~ Linear Feet ~~465~~
No Lines ~~5~~ 4 @ 70 Trench Width 36" Max Trench Bottom Depth 33" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: Gravity - Conventional
Repair System Description: Same
Maintenance Agreement Required: [ ] Yes [X] No

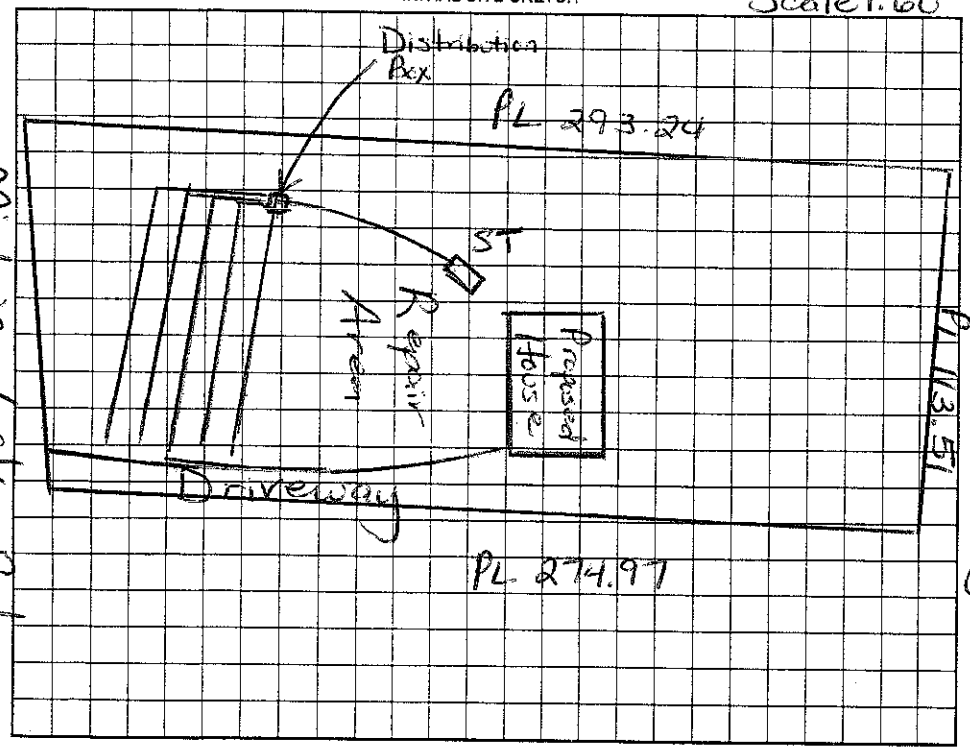
[X] House/Mod. Home No. Bedrooms 2
[X] Mobile Home No. Bathrooms 2
[ ] Business No. Employees _____
[ ] Other _____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

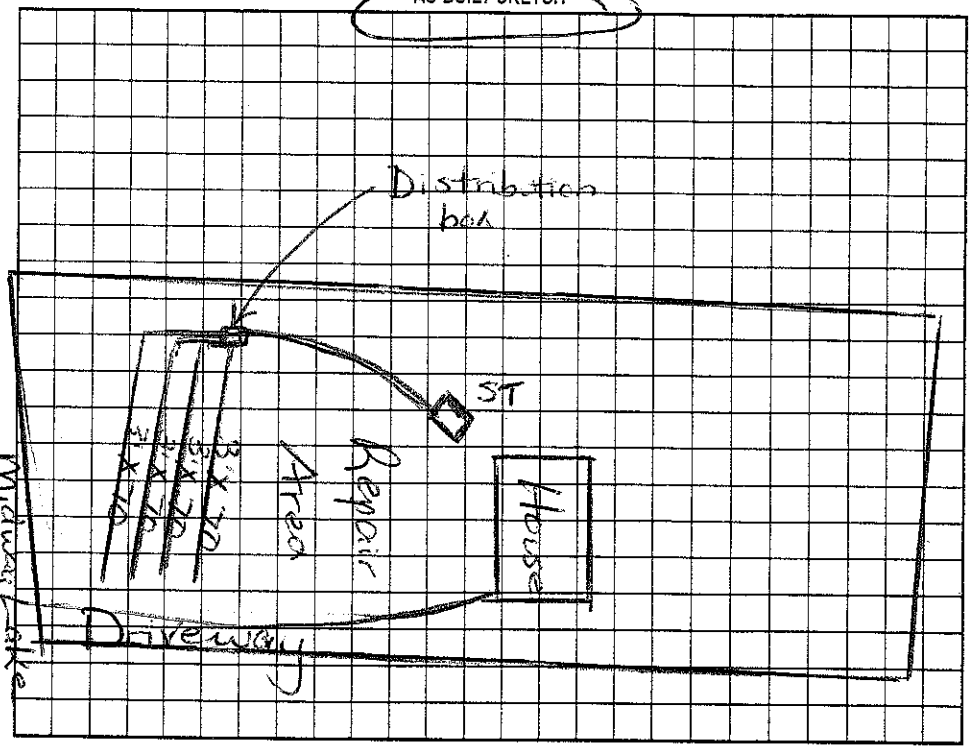
Comments:/Conditions: Keep Septic System at least 10' to PL & 10' off house.
Note: Tapping onto Neighbor's existing well.

Comments:/Conditions: Checked 2 lines & tank 1/24/05
Checked lower 2 lines 1/25/05 & D-box
Installed 4 lines @ 70' ea = 280'
Fixed window in offset for 2 Bdrm

INITIAL SITE SKETCH Scale 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: Esther P. Shumaker RS date 12-2-04 Installed by: A&S Grading RS

Improvement Permit by: Maria H. Dolson RS date 11/23/04 Operation Permit by: Maria H. Dolson date 1/25/05

Authorization to Construct by: Maria H. Dolson RS date 11/23/04 Existing System Inspection by: _____ date _____

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