IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 08666 8 PIN# ~~4659 64 5698~~ Pt. 4659645678 DATE 3/8/00

OWNER OR CONTRACTOR Joan McDaniel PHONE: Business Home 828-648-5656

ADDRESS 621 N Clinton Rd. Cranton NC.

LOCATION 115 TR Shephard Rd. TL Staff Lane to end on (R)

SUBDIVISION SHEPHARDS FIELD BLOCK / SECTION LOT 10 LOT AREA 2.4 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 3/7/00

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" 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

[ ] House/Mod. Home No. Bedrooms 3

[X] Mobile Home No. Bathrooms 2

[ ] Business No. Employees

[ ] Other

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments:/Conditions:

Comments:/Conditions:

Site Address: 172 Staff Ln - Mrsd

INITIAL SITE SKETCH

(1"=60')

752'

CMP

45'

WELL

3 #

CMP

E & P

260

AS BUILT SKETCH

CREEK

358

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: Joan McDaniel date 3-15-00 Installed by: Upright Grading + Septic Tank - Salisbury

Improvement Permit by: Wesley Sparks RS. date 3/8/00 Operation Permit by: Wesley Sparks RS. date 5/8/00

Authorization to Construct by: Wesley Sparks RS. date 3/8/00 Existing System Inspection by: date

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

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Joan McDaniel | 828-6485656 | 621 North Canton RD. | Canton | NC | 28716
Applicant | Phone # | Mailing Address | City | State | Zip Code

Kiwith S. Carpenter | 1631 Landis Hwy. | Mooresville | NC | 28115 - #664-1121
Current Property Owner | Mailing Address | City | State | Zip Code | Phone#

PROPERTY INFORMATION:

Shepard's field Sub. Div. | 10 | | |
(Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road #

P. W. | | |
(Proposed) Water Supply: Public, Private Well | **Preliminary Plat Approval Date** (DEVELOPERS ONLY) | Tax Map #

Specific Directions to Property Take 115 to Shepard school Rd take Staff Lane (mobile homes on dirt road) last lot at end of road on right.

TYPE OF FACILITY: (use check (X) or number as appropriate)

House ____ Mobile Home X Commercial ____ No. Bedrooms 2 No. Baths 2

No. Persons or Employees (commercial only) ____ Basement ____ Basement with Plumbing ____

Crawl Space X Concrete Slab ____ Garbage Disposal ____ Jaccuzi or spa ____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

3-6-2000 DATE Joan McDaniel SIGNATURE OF OWNER/AUTHORIZED AGENT