204619

IREDELL COUNTY HEALTH DEPARTMENT STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 153506 PIN # 4659664709 DATE 12/10/08

OWNER or APPLICANT William Allen / David Maibues PHONE: Business 704.634.2310 Home: 704.664.2007

OWNER or APPLICANT ADDRESS 111-B Freeway Dr. Mooresville, NC 28117

LOCATION / DIRECTIONS 115 N, TR Shepards, TL Shepards Bluff, on lft.

SUBDIVISION Shepherds Bluff BLOCK / SECTION 4 LOT # 56 LOT AREA 0.46 acre DESIGN FLOW 360gal/d LTAR 0.25 initial / 0.3 repair

Septic Tank 1000 Gallons: STB 8-3644 Date 7-94
Pump Tank ____ Gallons: P T ____ Date ____
Pump Make ____ Model ____ Serial # ____
Nitrification Field No Fields 1 No Lines 5 Linear Feet 360
Trench Width 36" Max. Trench Bottom Depth 24" initial 36" repair Gravel Depth NA

☑ New System ☐ Repair ☐ Expansion System Type I II III IV V VI
System Description: gravity 25%
Repair System Description: gravity 25%
Maintenance Agreement Required ☐ YES ☒ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3
☐ Business No. Persons ____
☐ Other No. Employees ____
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

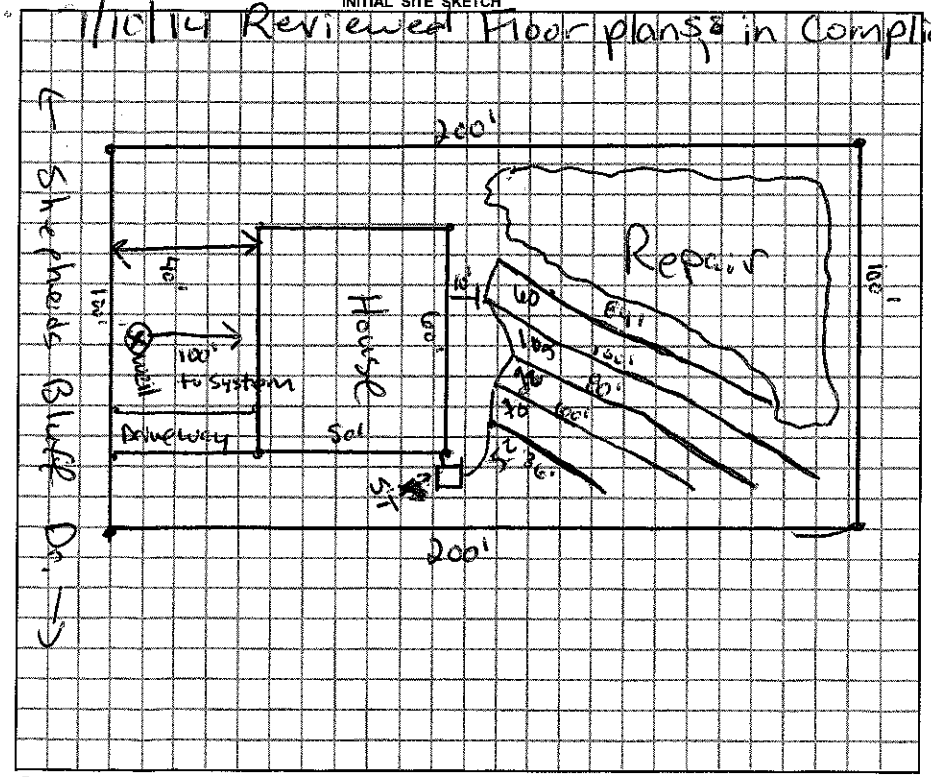
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions
* - Install on contour, maintain all setbacks
* - Grade lot to keep water from [redacted] ponding in drainfield area

Comments / Conditions * 24" trench bottom & 0.25 LTAR in initial system area / 36" trench bottom & 0.30 LTAR in Repair area
* initial system - 360 Lf / repair system - 300 Lf

INITIAL SITE SKETCH

1/10/14 Reviewed Floor plans & in compliance with original permit



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

Owner / Applicant Signature: [signature] Date 2/3/09

Improvement Permit by: Paul Moore Date 12/10/08

Authorization to Construct by: Maria Sutton Date 7/30/14

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: Orbison

Operation Permit by: [signature] Date: 11-21-14

Existing System Inspected by: ____ Date: ____

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant