IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 153617 PIN # 4659-67-4053 DATE 2-17-09

OWNER or APPLICANT BILLEY ALLEN PHONE: Business 704-664-7029 Home: 704-634-2310

OWNER or APPLICANT ADDRESS 111-B RACEWAY DR. MOORESVILLE 28115

LOCATION / DIRECTIONS SHEPHERD RD, TL SHEPHERDS BLUFF DR, ON R

SUBDIVISION SHEPHERDS BLUFF BLOCK / SECTION 4 LOT # 16 LOT AREA .46AC DESIGN FLOW 360 L.T.A.R. .3

Septic Tank 1000 Gallons: STB 1012 Date 4/20/09 ☒ New System ☐ Repair ☐ Expansion System Type I (II) III IV V VI

Pump Tank ____ Gallons: P T ____ Date ____ System Description: GRAVITY 25% REDUCTION

Pump Make ____ Model ____ Serial # ____ Repair System Description: LP- PANEL

Nitrification Field No Fields 1 No Lines 4 Linear Feet 300' Maintenance Agreement Required ☐ YES ☒ NO INITIALLY

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth ____ ☒ GRAVITY ☐ PRESSURE

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

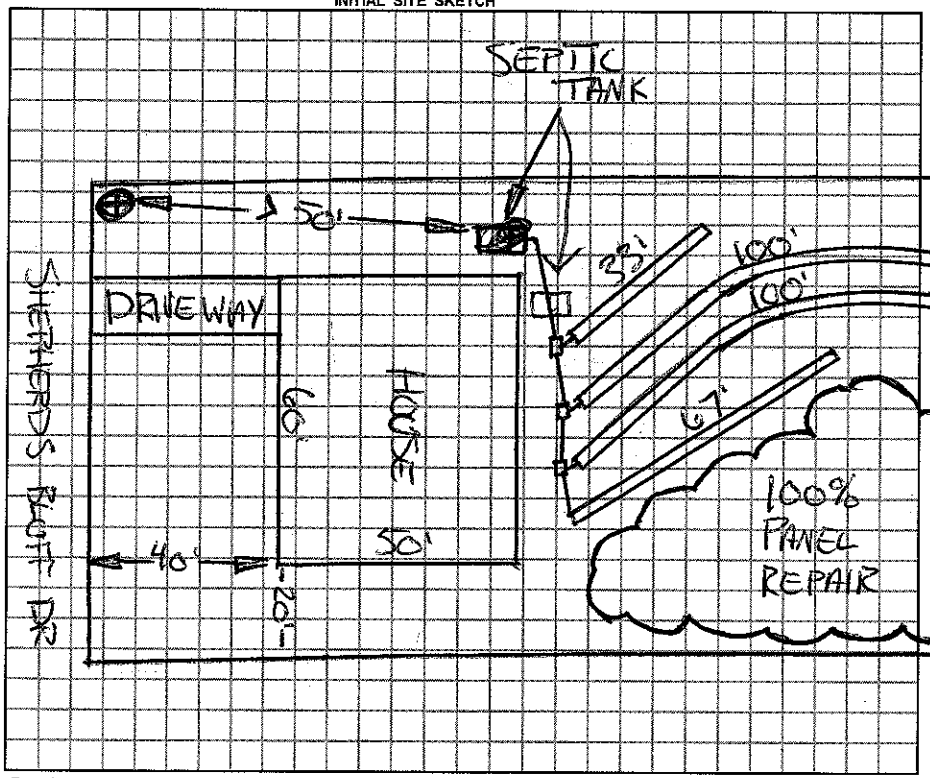
Water Supply ☒ Private ☐ Public ☐ Community

Comments / Conditions: 1) DRAIN LINES MUST BE 15' FROM DRAINAGE AT BACK OF LOT 2) MEET ALL REQUIRED SET BACKS

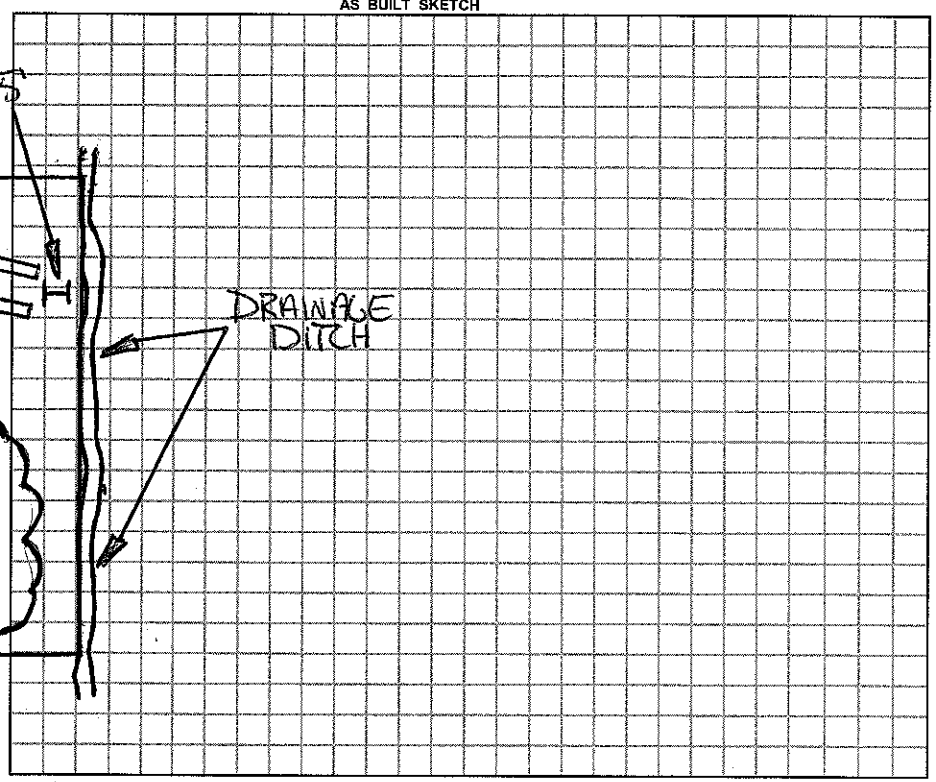
Comments / Conditions

RED FINAL

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 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 2/19/09

Improvement Permit by: [signature] Date 2-17-09

Authorization to Construct by: [signature] Date 4/23/09

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: Tommy Fyle

Operation Permit by: [signature] Date: 7/30/09

Existing System Inspected by: ____ Date: ____

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