IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 95026 PIN# 4659752638 DATE 5/17/01

OWNER OR CONTRACTOR Jimmy Macon PHONE: Business _____ Home 663-7757

ADDRESS 115 Dry Dock Ct. Mooresville NC 28117

LOCATION 115 N. R Shepards, L Stoff Ln. 4th on Rt

SUBDIVISION Shepards Field BLOCK / SECTION _____ LOT 20 LOT AREA 1.02 Ac SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 760 Date 5-8-01
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"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Conventional / Same
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

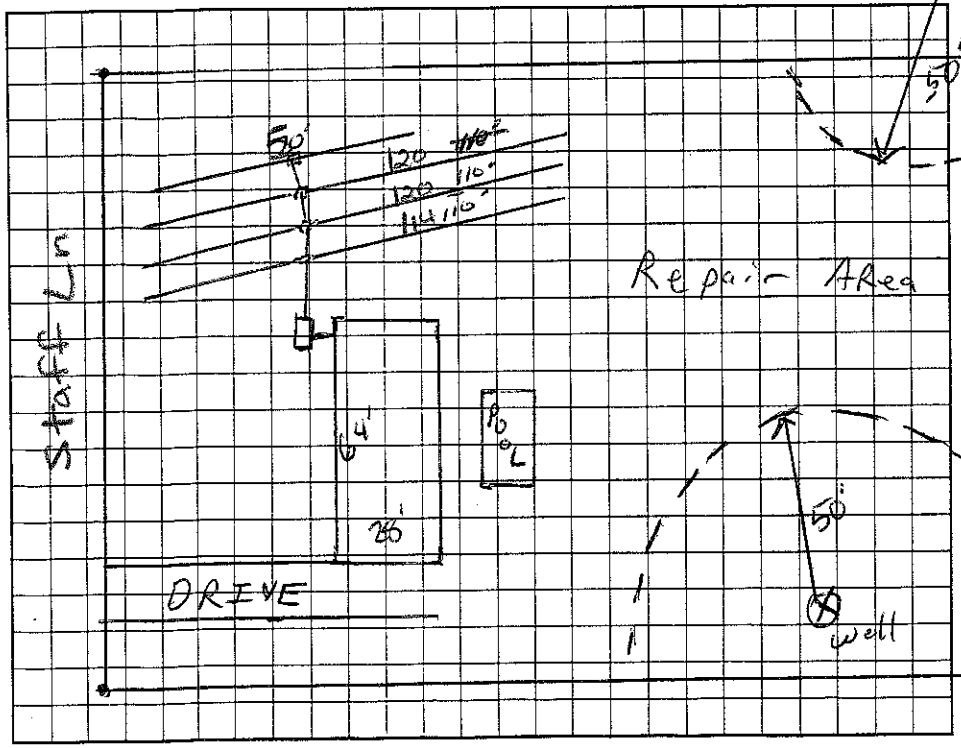
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

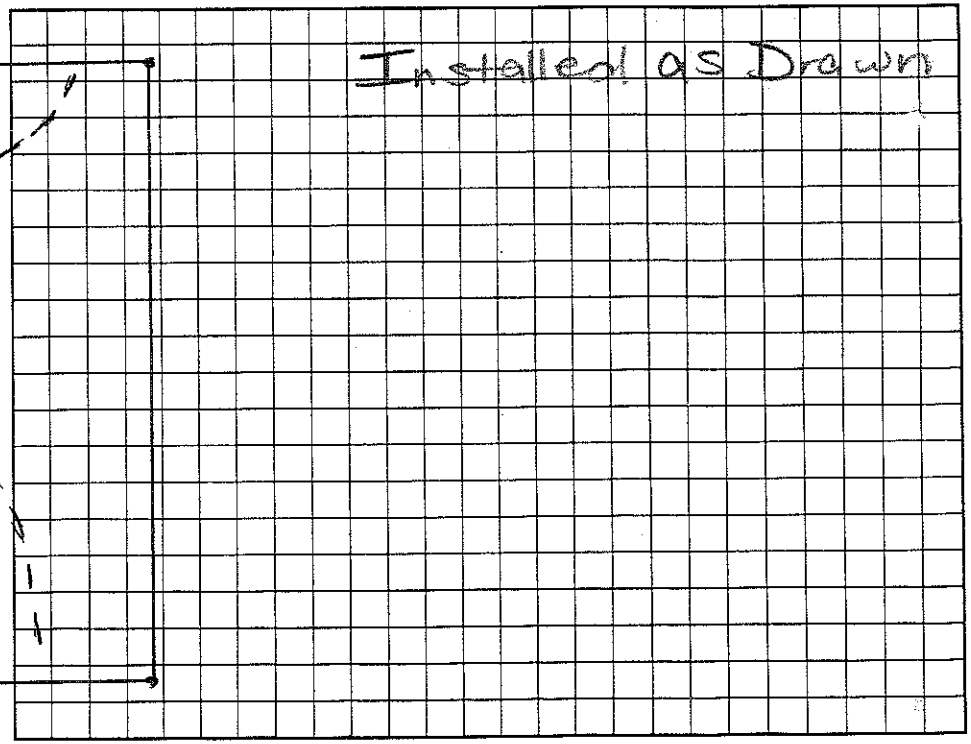
Comments:/Conditions: Install Lines on Contour – Keep Wells 50' minimum from Septic System

Comments:/Conditions: Check tank w/filter & 1st drainline, GM checked 2nd line 8/14/01 Checked line 3 & 4 8/15/2001

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 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: _____ date 5-18-01
Improvement Permit by: _____ RST date 5/17/01
Authorization to Construct by: _____ RST date 5/17/01

Installed by: Everhart RS
Operation Permit by: Maria H.H Dotson date 8/15/01
Existing System Inspection by: _____ date _____

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