IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 132130 PIN# 4666 45 4 ~~6674 3169~~ 5882 DATE 11-15-05

OWNER OR APPLICANT Louis & Rebecca Panuski/Acadian PHONE: Business 704-995-3001 Home

ADDRESS 2431 Coray Rd Davidson NC 28036 Construction co. PO Box 2400 Davidson 28036

LOCATION Shearers Rd at Greystone on left - near county line -1853 Shearers Rd.

SUBDIVISION Wilson Farms BLOCK / SECTION ____ LOT 3 LOT AREA 6.0 Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 4/10/06

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: 25% reduction, gravity

Repair System Description: 18" trench bottom 25% red. pump + interceptor drain

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

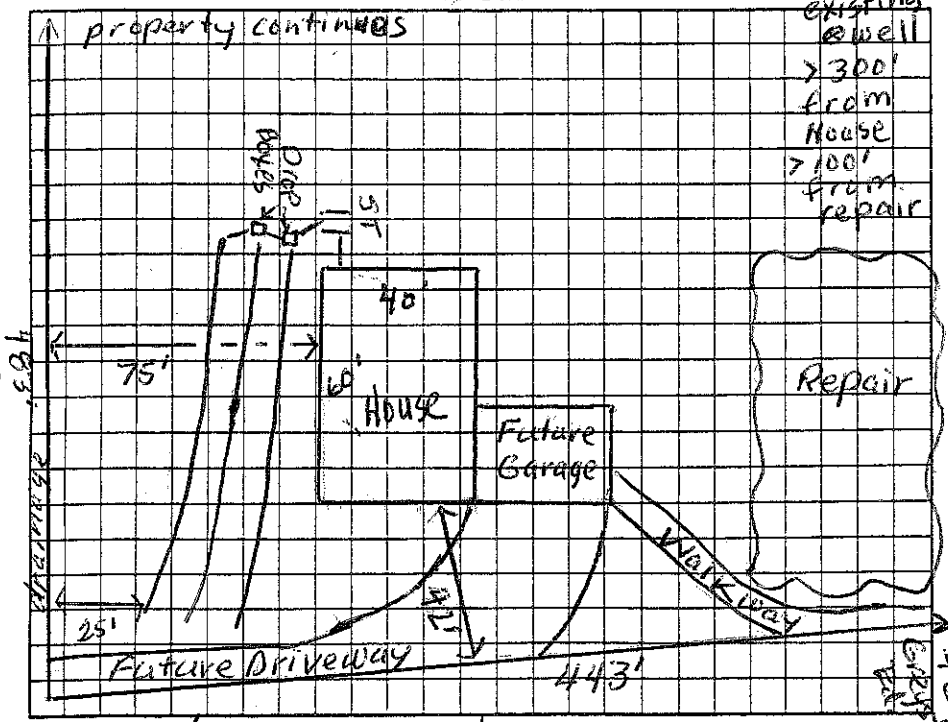
Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth NA ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

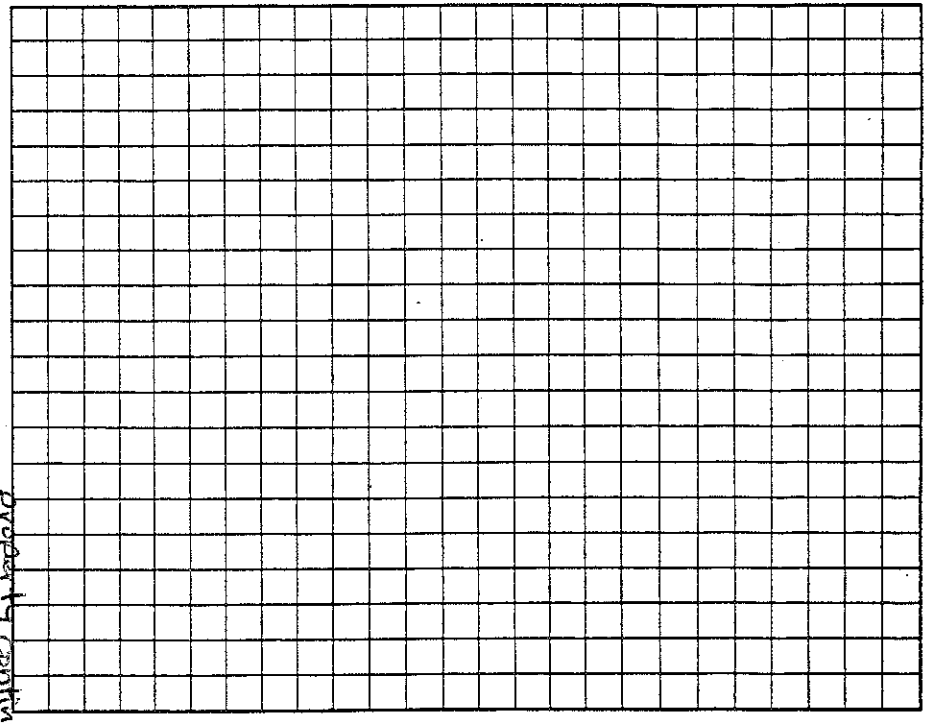
Comments/Conditions: Keep water line at least 10' from septic system or repair area. Keep ST & drain lines at least 10' from house foundation drain.

Comments/Conditions: Shallow trench controlled IQ4x1

INITIAL SITE SKETCH



AS BUILT SKETCH



Right of way

To Shearers Rd.

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 ____

Improvement Permit by: Judy Melville date 11-16-05

Authorization to Construct by: Judy Melville date 11-16-05

Installed by: Larry Tucker

Operation Permit by: Wesley Shelnutt date 5/11/06

Existing System Inspection by: ____ date ____

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