IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088603 PIN# 4664550259 DATE 4/1/2000

OWNER OR CONTRACTOR Gilbert Lewis Jr. PHONE: Business _____ Home 934-2373

ADDRESS 1799 Shearer Rd Davidson, NC 28036

LOCATION Shearers Rd past Faith past Patterson Farm Rd on left ~ 150yds before Court line

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.8 Acre SITE CLASS. PS DESIGN FLOW 360gpd T.A.R. 1

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 450'+ Linear Feet 150' Repair

No Lines 2 Beds Trench Width 6' R Max Trench Bottom Depth 75" R Gravel Depth _____

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Existing Gravity-Conv.

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees _____

☐ Other _____

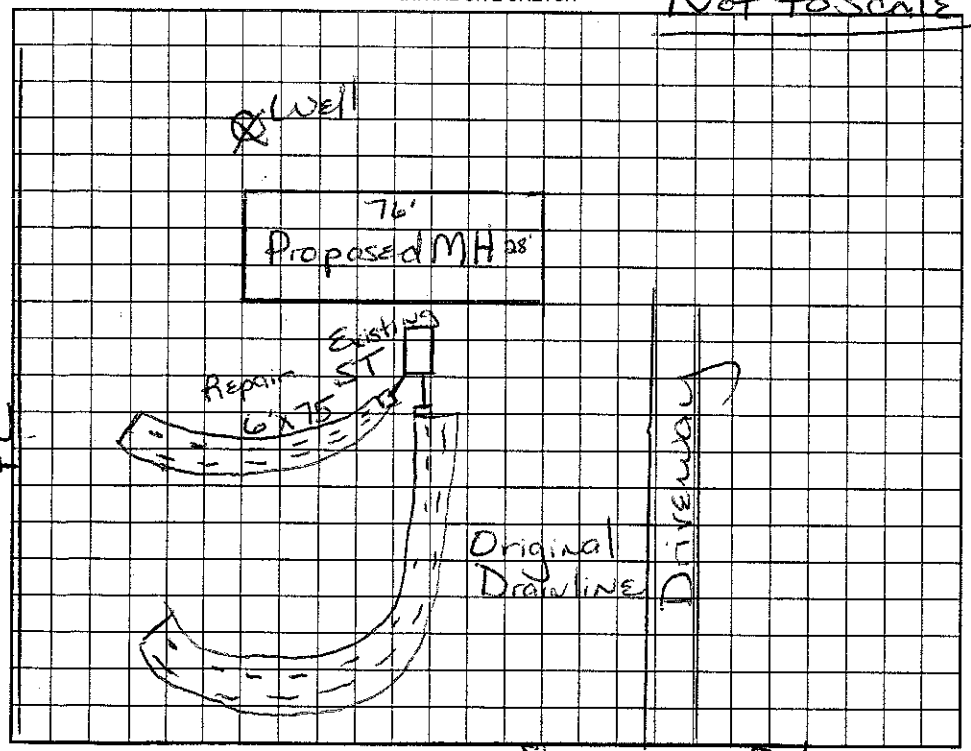
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Existing Septic System appears to be functioning okay at time of inspection, No problems Noticed.

Comments:/Conditions: * Repair done 4/83 Replacing 3 Bedroom MH with 3 Bedroom MH.

INITIAL SITE SKETCH Not to Scale



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: X Earl Lewis date _____ Installed by: _____

Improvement Permit by: Maria H. Patterson RS date 4/1/00 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Maria H. Patterson RS date 4/1/00

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