IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13132720 PIN# ~~4664 55 0555~~ 4664 55 0597 DATE 9/30/05

OWNER OR CONTRACTOR Stacy James PHONE: Business 704-896-3211 Home

ADDRESS 1783 Shearers Rd. Davidson, NC. 28036

LOCATION S Main St. TL Turbin Rd. TR Shearers Rd. go 1783 on (L) before Gay Rd. intersection

SUBDIVISION NO BLOCK / SECTION LOT LOT AREA EXISTING SITE CLASS. DESIGN FLOW 240 L.T.A.R.

Septic Tank: EXISTING Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet Linear Feet

No Lines Trench Width ~~Existing System~~ Max Trench Bottom Depth Gravel Depth

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

System Description:

Repair System Description: Existing System

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 2

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

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

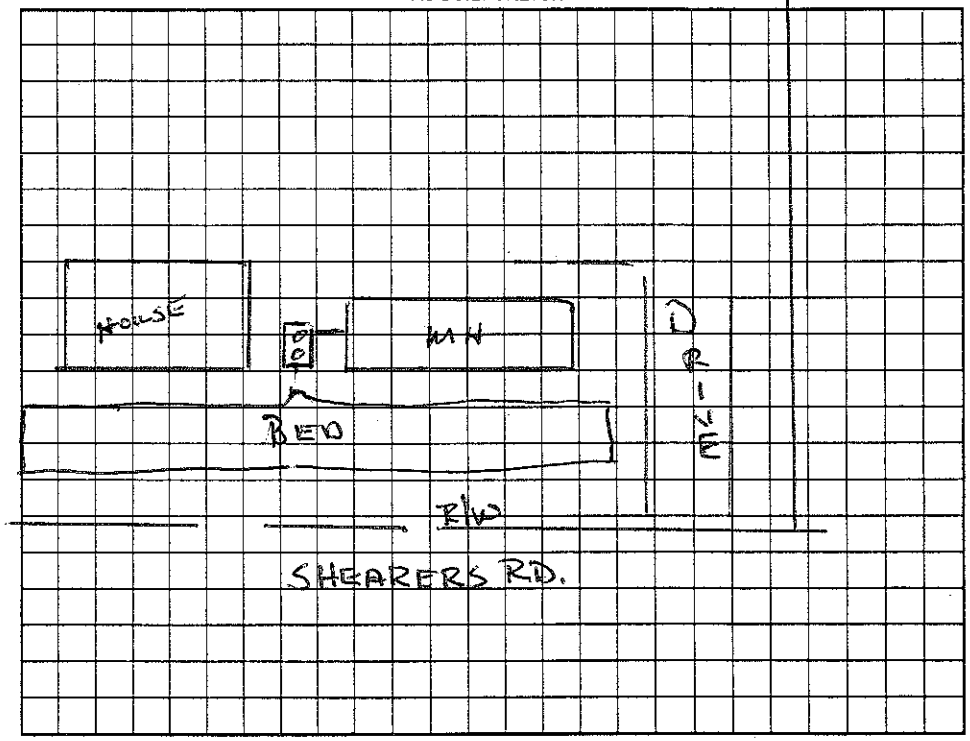
Water Supply:
☒ Individual
☐ Public
☐ Community

Comments:/Conditions:

Comments:/Conditions:

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: Stacy James date 10/9/05 Installed by:

Improvement Permit by: date Operation Permit by: date

Authorization to Construct by: date Existing System Inspection by: Wesley Sparks date 10/1/05

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