IREDELL COUNTY HEALTH DEPARTMENT

Repair Permit

3.00

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

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

PERMIT# Repair PIN# N/A 7669227691 DATE 5/1/2000

OWNER OR CONTRACTOR Christopher Dana PHONE: Business 664-3800 Home 663-2393

ADDRESS 462 Shinnville

LOCATION Shinnville Rd at Copperhead LN TR on Rt. PS #462

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. 3

Septic Tank: 1000 (Existing STR) Gallons; _____ Date _____

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

Repair System Description: Gravity Conventional

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

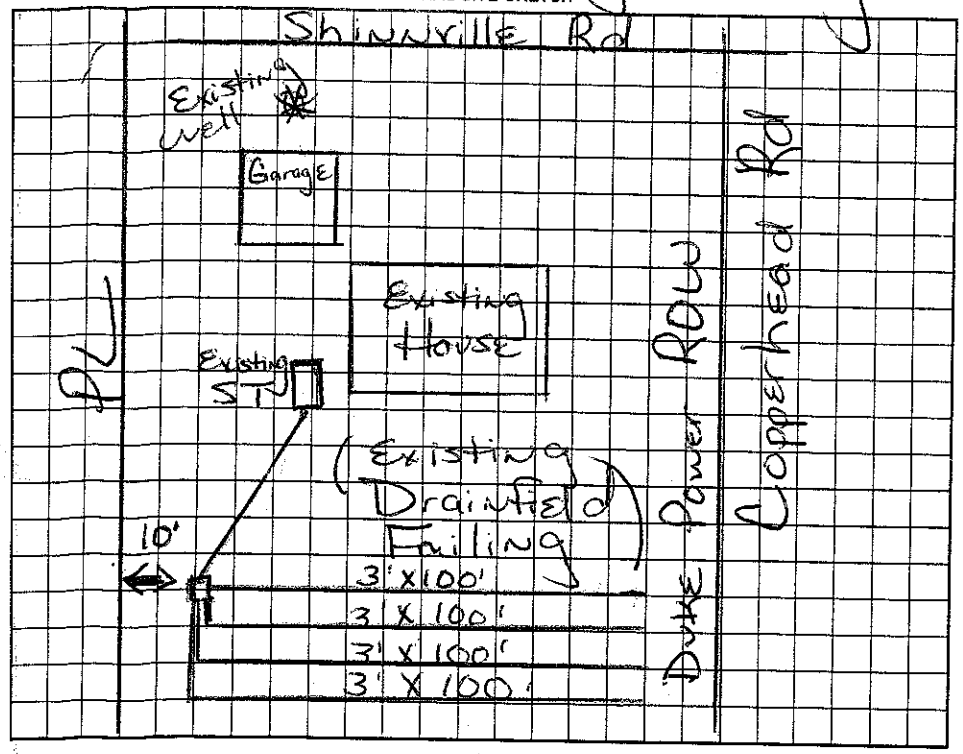
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Keep New drainfield ~ 20' below existing (failing) drainfield. Install lines on Contour & Stay out of Duke Power Right-of-way (ROW)

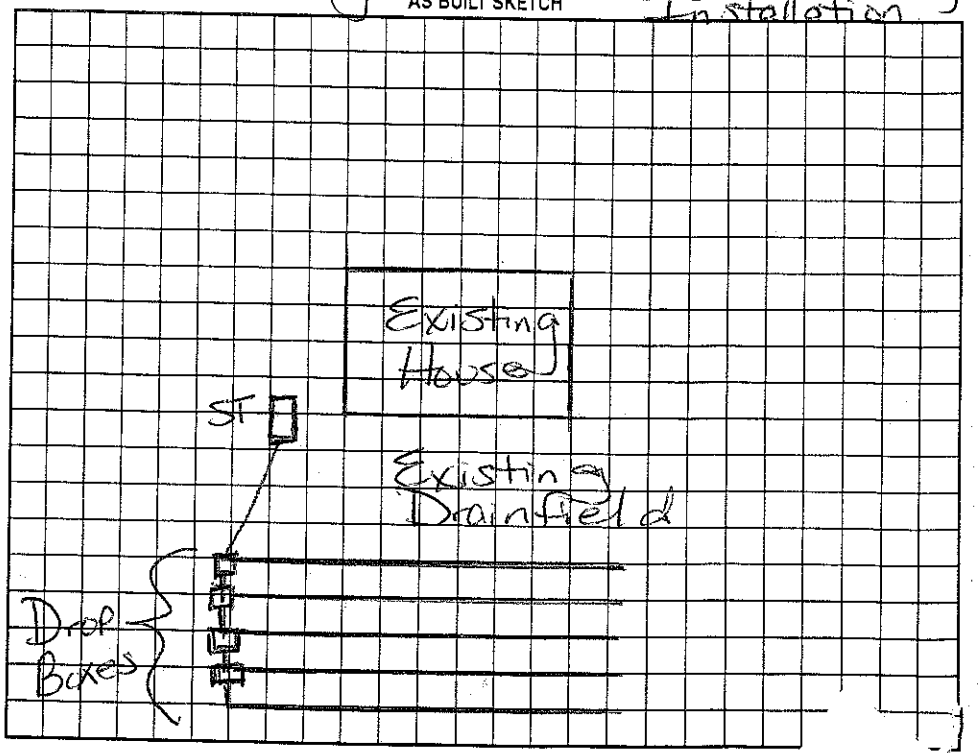
Comments/Conditions: IF installer can't fit 4-100' lines, okay to do 5-80' lines

Noted "Tiger Dirt" in trenches during Installation

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 s
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 m

Signed: _____ date _____ Installed by: Wellborn Backhoe

Improvement Permit by: Maria H. Dotson RS date 5/1/2000 Operation Permit by: _____

Authorization to Construct by: Maria H. Dotson RS date 5/1/2000 Existing System Inspection by: _____

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