IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# N/A 4669 26 3795 DATE 6/19/00

OWNER OR CONTRACTOR Mark Overcash PHONE: Business 896-4674 WK Home 663-7130

ADDRESS 659 Shinnville Mooresville, NC

LOCATION Hwy 21/115 N TR Shinnville Rd ON LEFT next to Orbinson lot

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.0 Acre SITE CLASS. _____ DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 140

No Lines 2 at 70' 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 Convent

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

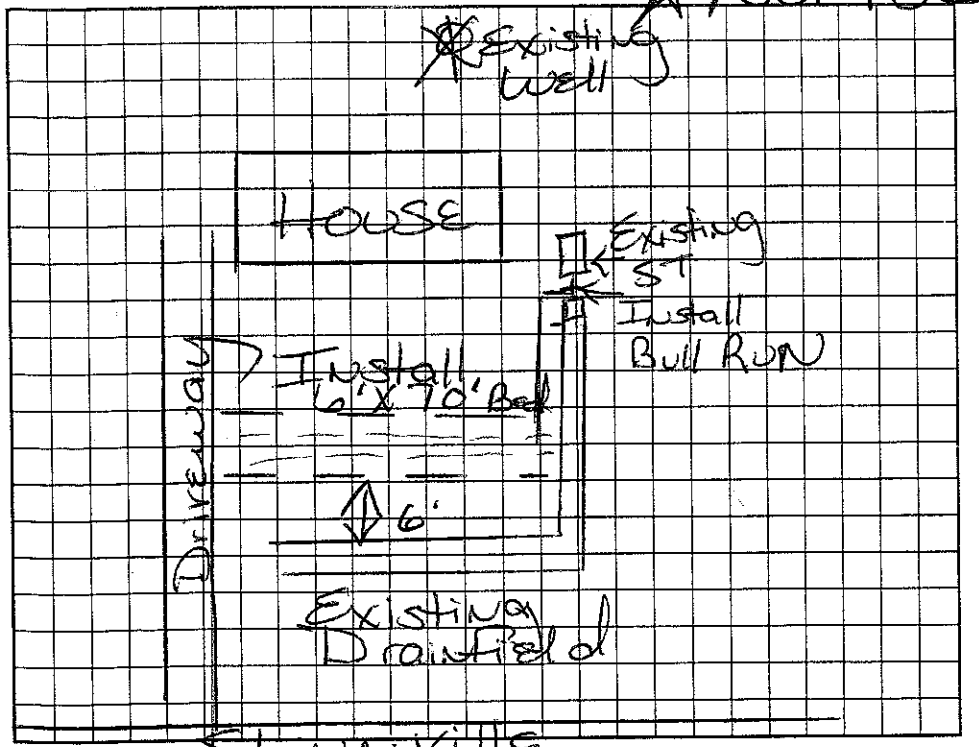
☒ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

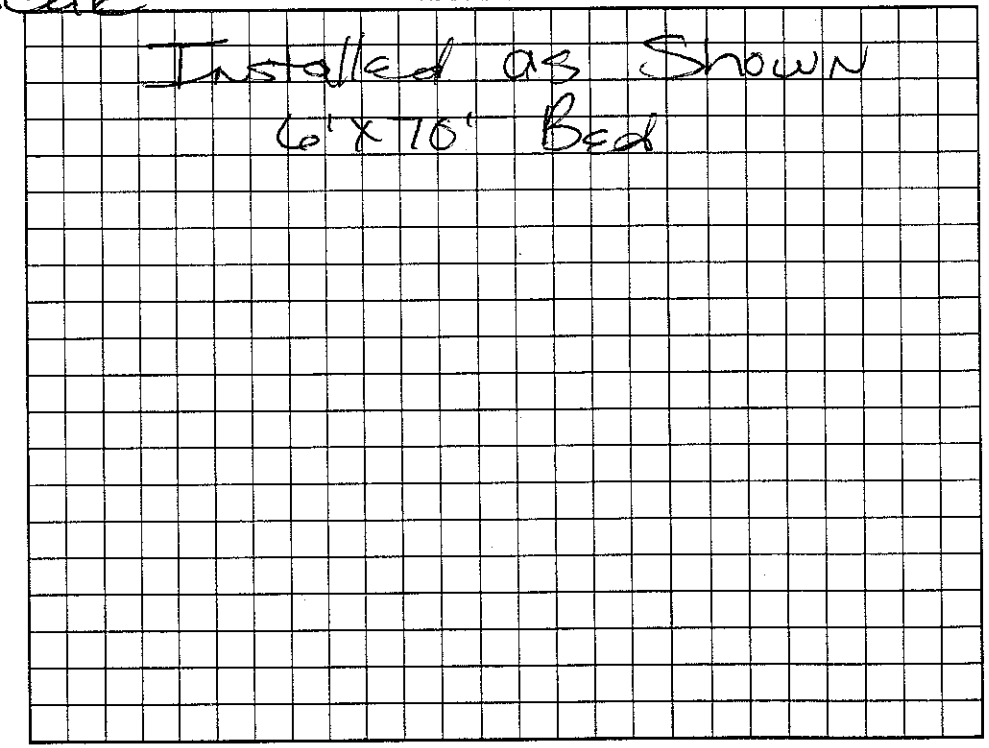
Comments:/Conditions: Install 6'X70' Bed or 2 lines (9'OC) at 70' ea. Install Bull Run Valve

Comments:/Conditions: Original System installed 7/6/1983.

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 Mark Overcash date _____ Installed by: Wayne Montz

Improvement Permit by: Maria H. Dobson RS date 6/19/00 Operation Permit by: Maria H. Dobson RS date 10/3/2000

Authorization to Construct by: Maria H. Dobson date 6/19/00 Existing System Inspection by: _____ date _____

Repair

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