IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☐ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 1004165 PIN # 4669374712 DATE 9-19-2011

OWNER Gary & Donna Ramey APPLICANT: Same PHONE: Home/Cell # 909 851-0977 Business # 704 528-4365

SITE ADDRESS 1672 Shinnville Rd OWNER / APPLICANT ADDRESS 165 Tennessee Circle Mooresville, NC 28115

SITE DIRECTIONS Hwy 21 N TR Shinnville Rd past Springdale Sub. On right

SUBDIVISION Michael Shinn BLOCK / SECTION ____ LOT # 1 LOT AREA 1.545 Ac DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank 1000 Gallons: STB 585 Date 8-11-11

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

No. Nitrification Fields: 1 No. Lines 4 Linear Feet 400'

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity - 25% Reduction

Repair System Description: Gravity - 25% - 50% Reduct

Maintenance Agreement Required ☐ YES ☐ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4 ☐ Business No. Persons ____ ☐ Other No. Employees ____

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

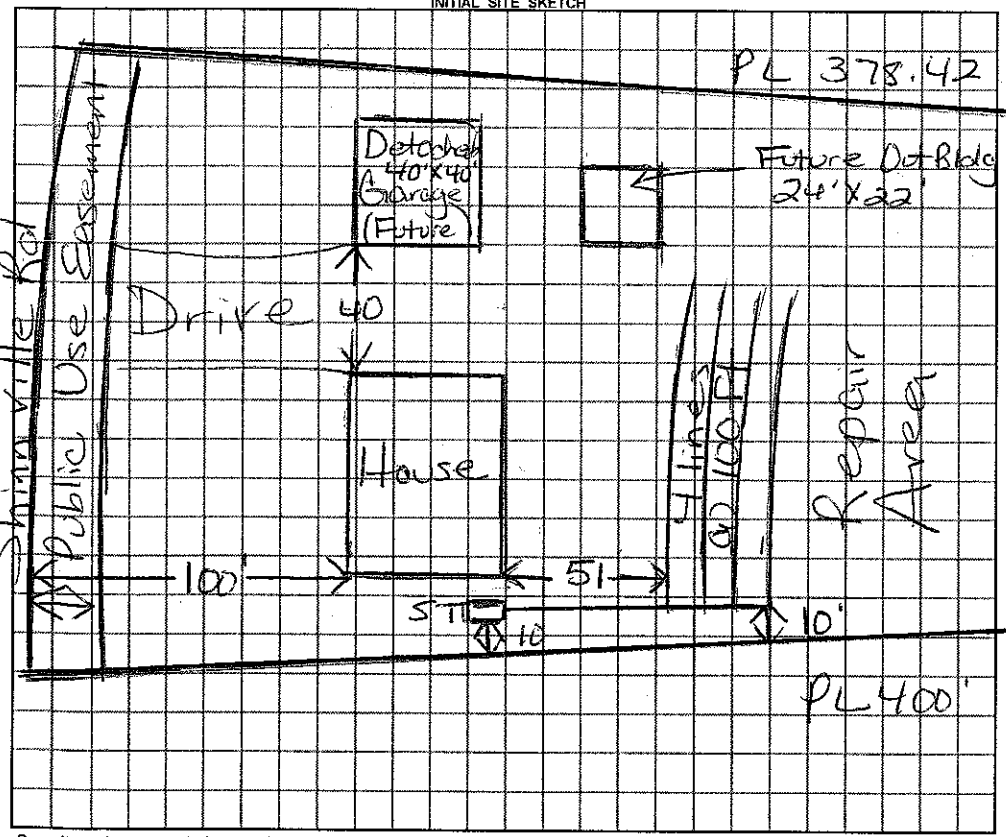
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions

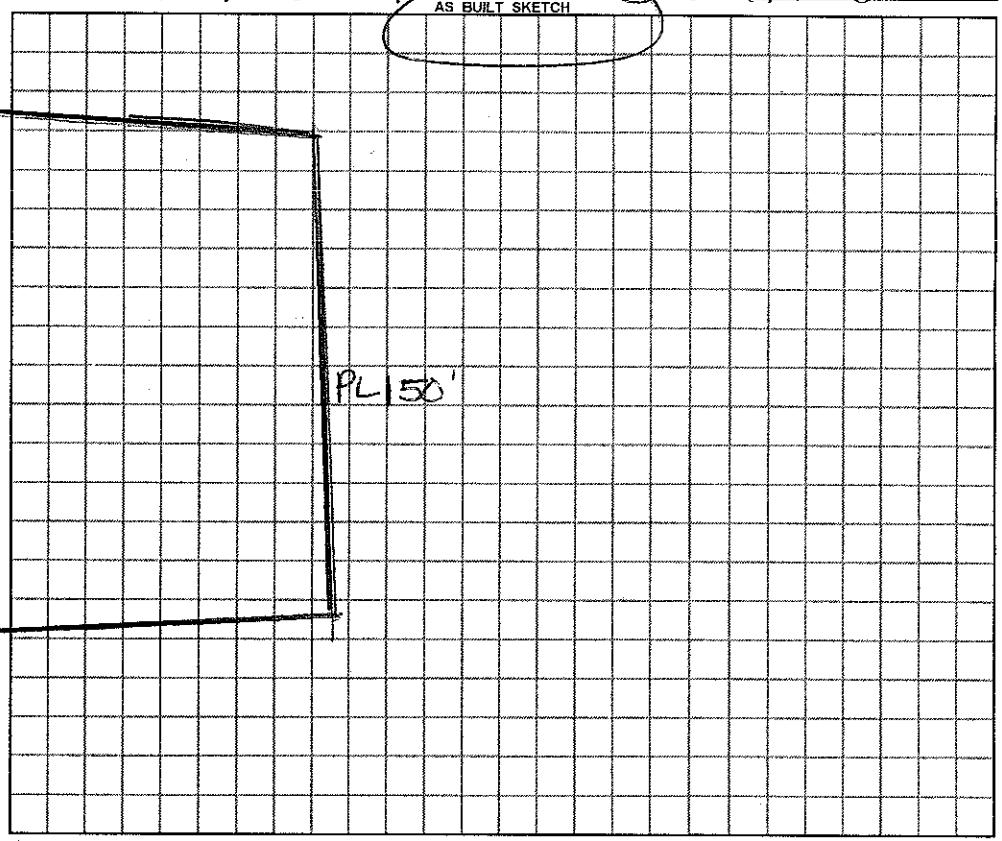
4 Bedroom Septic System was installed. A Hughes Floor Plans were used Quick 4 for 3 Bedroom. for Drainfield.

Scale 1:60

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 ~~plat valid without expiration.~~ site plan valid 60 mo. ☐ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT–not to exceed 60 mo.

Owner / Applicant Signature: ____ Date ____

IMPROVEMENT PERMIT by: ____ ***REHS*** Date ____

AUTHORIZATION TO CONSTRUCT by: ____ ***REHS*** Date ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

Installed by: Rays Septic

OPERATION PERMIT by: Marina Hall Rees ***REHS*** Date 9/19/2011

Existing System Inspected by: ____ ***REHS*** Date ____

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant