IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120433 PIN# ~~4669-02-4415.000~~ 4669320502 DATE 6/1/04

OWNER OR CONTRACTOR David Baldwin PHONE: Business _____ Home 704-664-1343

ADDRESS 456 Shinnville Rd Mooresville NC 28115

LOCATION 115 N, TR Shinnville Rd, on Rt Before Copperhead

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.63 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.25

Septic Tank: 1000 Gallons; STB 350 Date 5/21/04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
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: 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

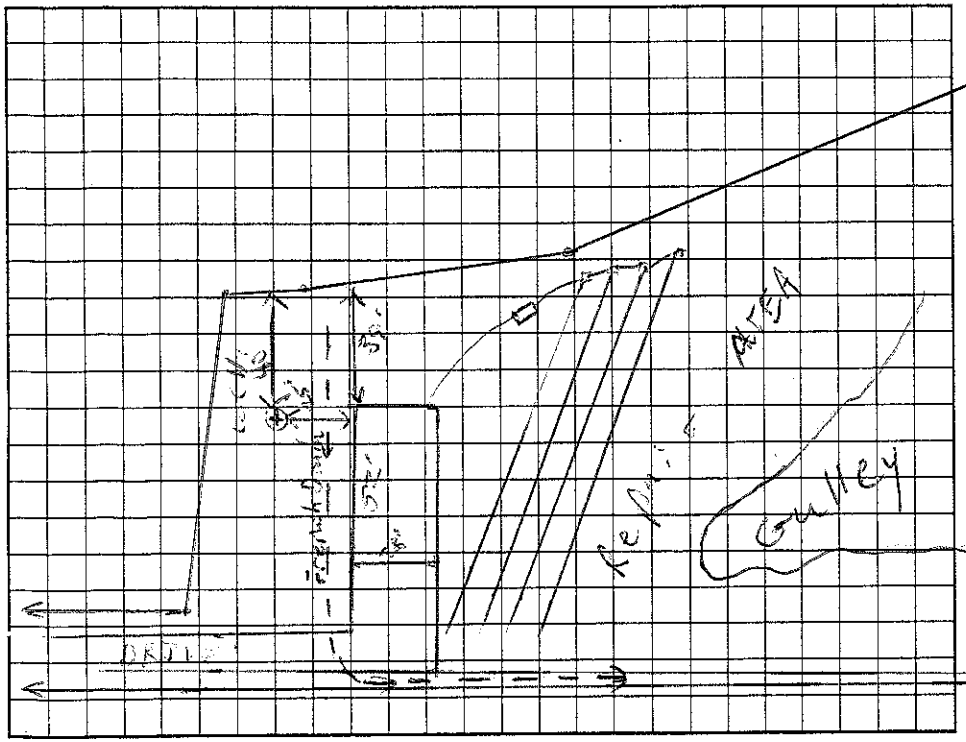
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community

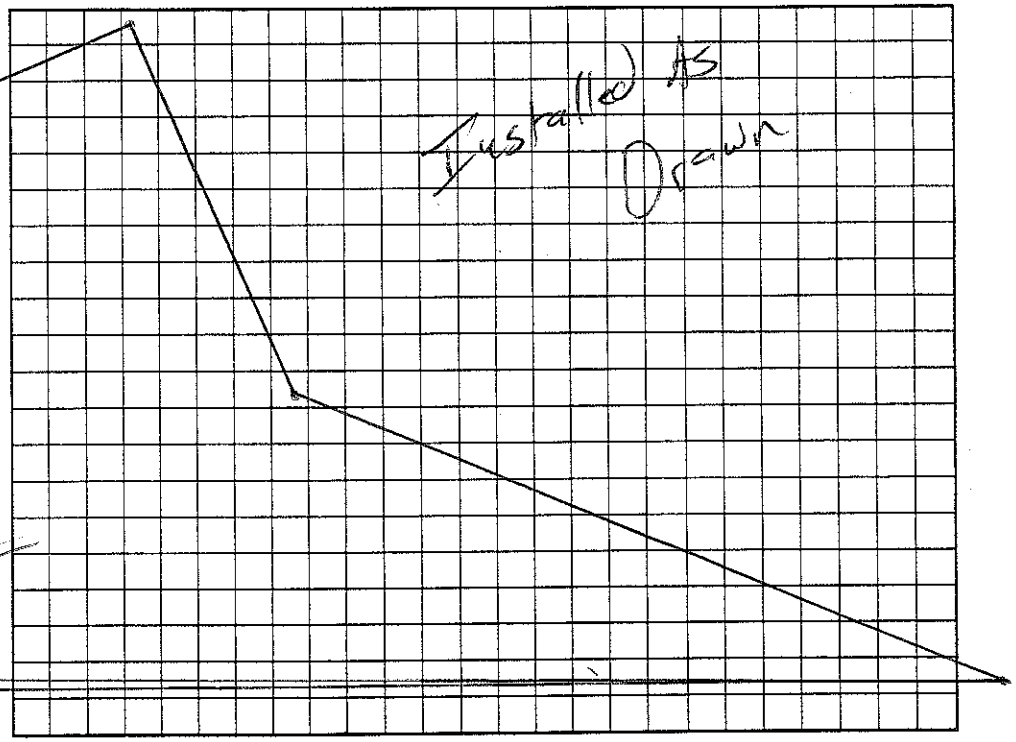
Comments:/Conditions:
Rest if Trenches are at least 30"
1" = 60'

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: _____ date 6/2/04

Improvement Permit by: _____ RS date 6/1/04

Authorization to Construct by: _____ RS date 6/1/04

Installed by: Piedmont Septic

Operation Permit by: _____ RS date 8/4/04

Existing System Inspection by: _____ date _____

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