IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 137332 PIN# 4676696636 4676 96 9401 DATE 8-23-06

OWNER OR APPLICANT Mary Ann & James Passmore PHONE: Business 696-0160 Home 662-2677

ADDRESS 429 Shinn Farm Rd Mooresville, NC 28115

LOCATION Hwy 150 to Hwy 152 R Shinn Farm Rd 2nd Dirt Rd on R at end

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 8.79 Acre SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. _____

Septic Tank: Exist Gallons: STB _____ Date _____

Pump Tank: Exist Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields Square Feet _____ Linear Feet _____

No Lines _____ Trench Width 1st. Max Trench Bottom Depth _____ Gravel Depth _____ ☐ Gravity ☐ Pressure

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

System Description: Gravity-Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Persons _____ No. Employees _____

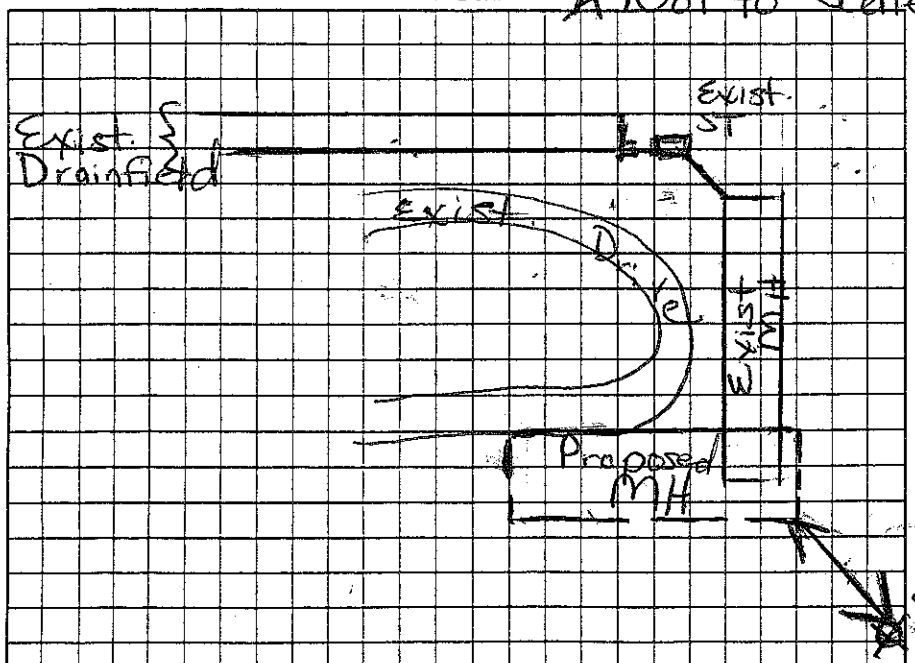
Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions: Existing Septic System appears to be Functioning okay at time of inspection

Comments:/Conditions: Originally permit by Rowan County 8/9/90 Copy attached.

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: _____ date _____ Installed by: _____

Improvement Permit by: Maina H. Olson RS date 8/23/06 Operation Permit by: _____ date _____

Authorization to Construct by: Maina H. Olson date 8/23/06 Existing System Inspection by: Maina H. Olson RS date 8/23/06

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