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 # 175529 PIN # 4703225628 DATE 10-23-12

OWNER Kris Shamaker APPLICANT: Same PHONE: Home/Cell # 704-872-6350 Business # 704-902-3686

SITE ADDRESS 116 Starr Ln. OWNER / APPLICANT ADDRESS 116 Starr Ln.

SITE DIRECTIONS Hickory Hwy W TL Morrow Farm Rd TR Starr Ln 1st drive on right.

SUBDIVISION N/A BLOCK / SECTION N/A LOT # N/A LOT AREA 10.01 acres DESIGN FLOW 360gpd L.T.A.R. Existing

Septic Tank GX Gallons: STB ____ Date ____

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

No. Nitrification Fields: 1 No. Lines 4 Linear Feet Existing

Trench Width Existing Max. Trench Bottom Depth Existing Gravel Depth Existing

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

System Description: Conventional

Repair System Description: ____

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☐ Crawl Space

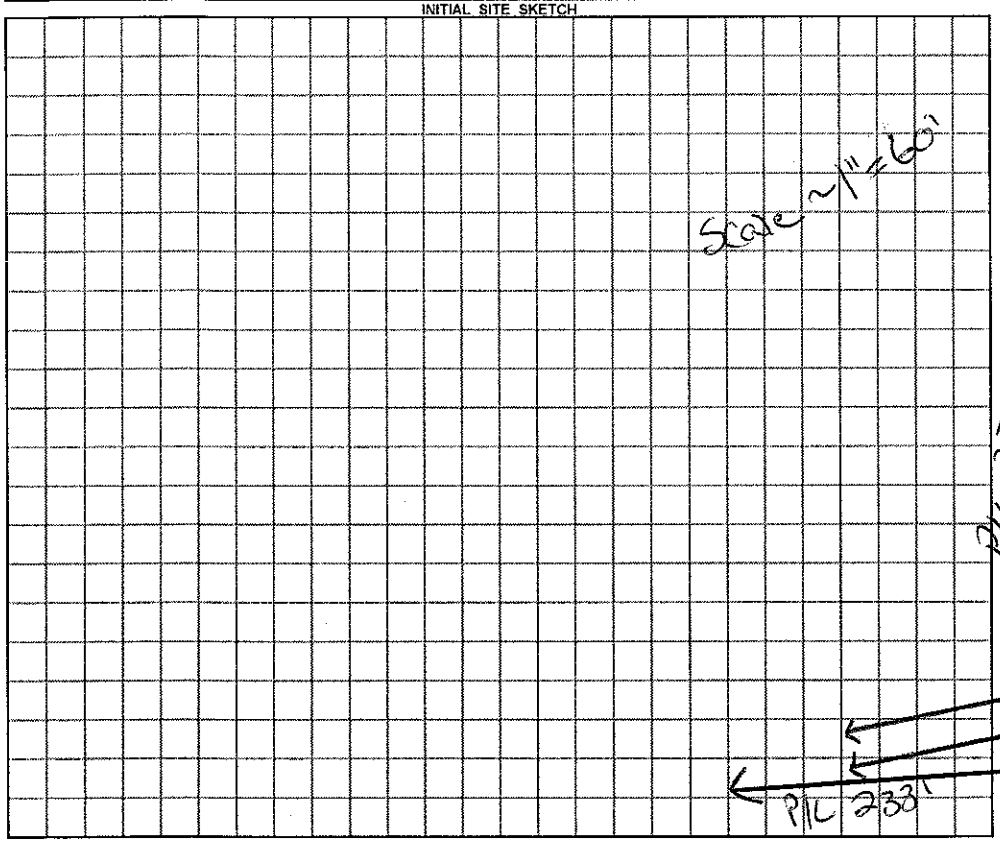
☐ Basement w/plumbing ☑ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

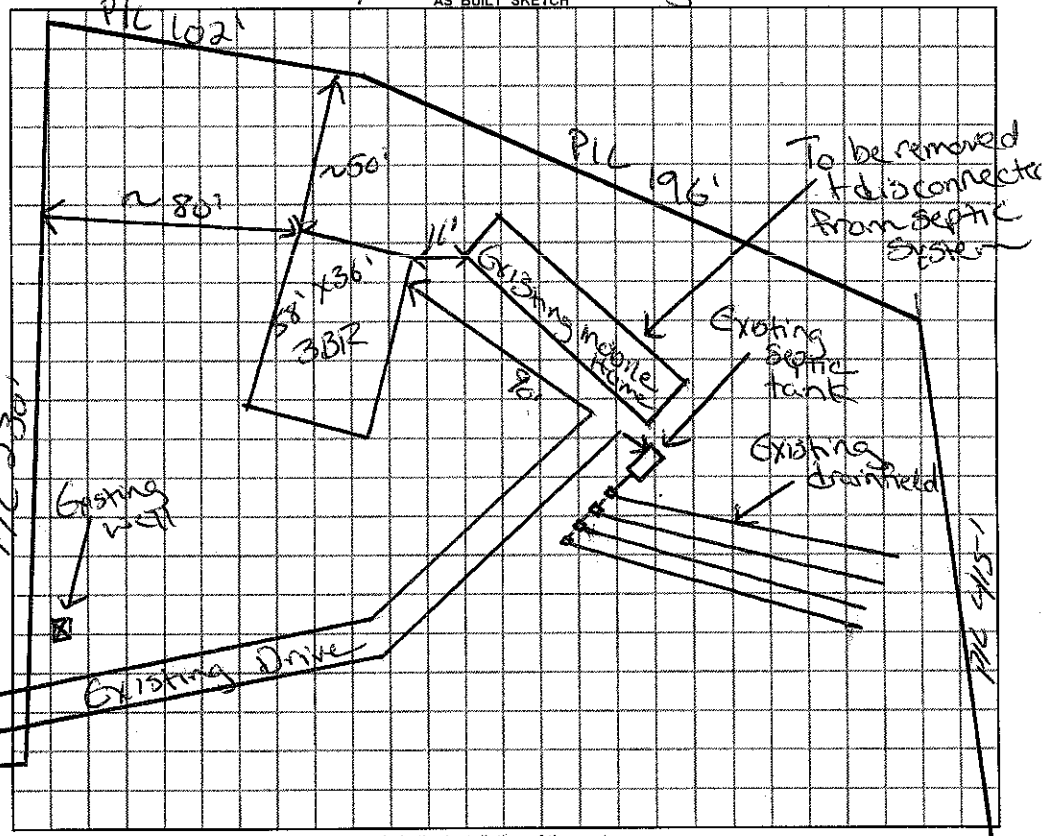
Comments / Conditions

- Maintain a minimum of 25' between well & any foundation; maintain a minimum of 15' between basement foundation & all components of septic tank system; Remove existing mobile home

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: ____

OPERATION PERMIT by: ____ ***REHS*** Date ____

Existing System Inspected by: Justin Henderson ***REHS*** Date 10-23-12

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