# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 82864 PIN# 4705511228 DATE July 2099

OWNER OR CONTRACTOR Jerry Shoemaker PHONE: Business _____ Home 872 3618

ADDRESS 142 Ashley Brook Ln Statesville, NC

LOCATION I-40 (R) Old NC Rd ~1/2 (R) Alpine Circle 4th Lt on Right Center of Curve down hill.

SUBDIVISION Alexander Farm BLOCK / SECTION _____ LOT 13 LOT AREA 1.0+Ac SITE CLASS 3 DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: Existing 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1028 Linear Feet 343

No Lines 3 TOTAL Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I, (II) III, IV, V, VI

System Description: Conv GRAVITY

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth 12"

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

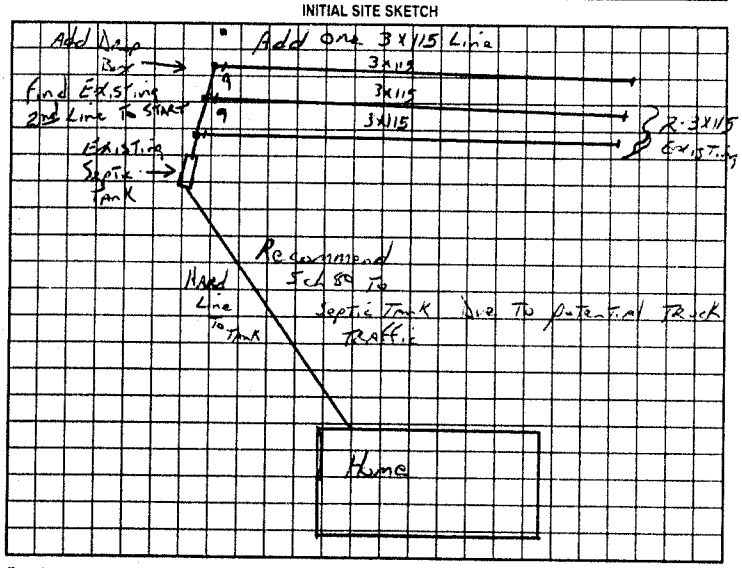
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

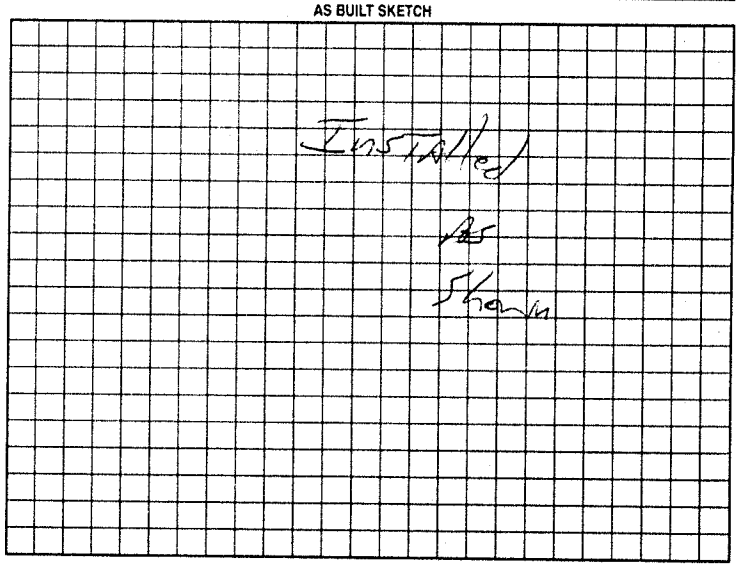
Comments/Conditions: Add One 115 ft Line on Contour, Maintain Proper Trench Distance (9 ft center) ~~Minimum~~

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: Mrs. Jerry Shoemaker date 7/22/99

Improvement Permit by: Jc Potter date 7-22-99

Authorization to Construct by: Jc Potter date 7-22-99

Installed by: James Huddler

Operation Permit by: Jc Potter date July 17 2000

Existing System Inspection by: _____ date _____

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