IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CI) MOORESVILLE 704-664-5281

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

PERMIT# 130653 PIN# 4713719684 DATE 2-20-06

OWNER OR APPLICANT Kent Shaw & Sons Const. Inc PHONE: Business 704 528 4494 Home 704 902 0085

ADDRESS 160 Pleasant Dr.

LOCATION Old Mountain Rd. (L) on Pleasant Dr. on Rt

SUBDIVISION Warren Estates BLOCK / SECTION ____ LOT 25 LOT AREA .797 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 13

Septic Tank: 1000 Gallons: STB 1007 Date 3-1-06
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 6 Trench Width 3 Max Trench Bottom Depth 36 Gravel Depth 0/9

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction - Gravity
Repair System Description: 50% Reduction Pump/LP
Maintenance Agreement Required: ☐ Yes ☒ No

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

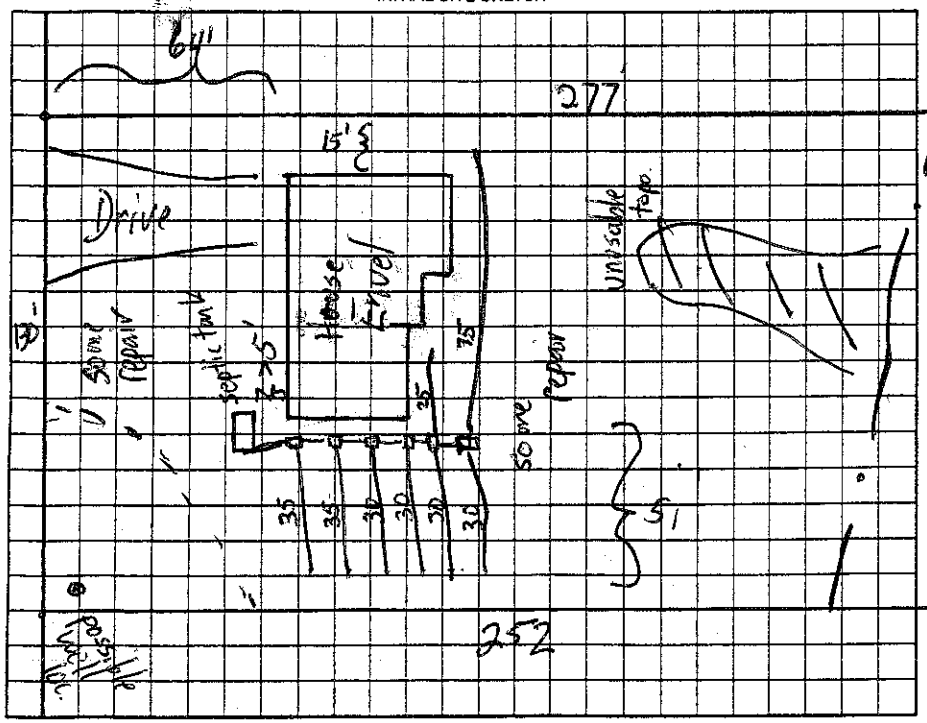
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

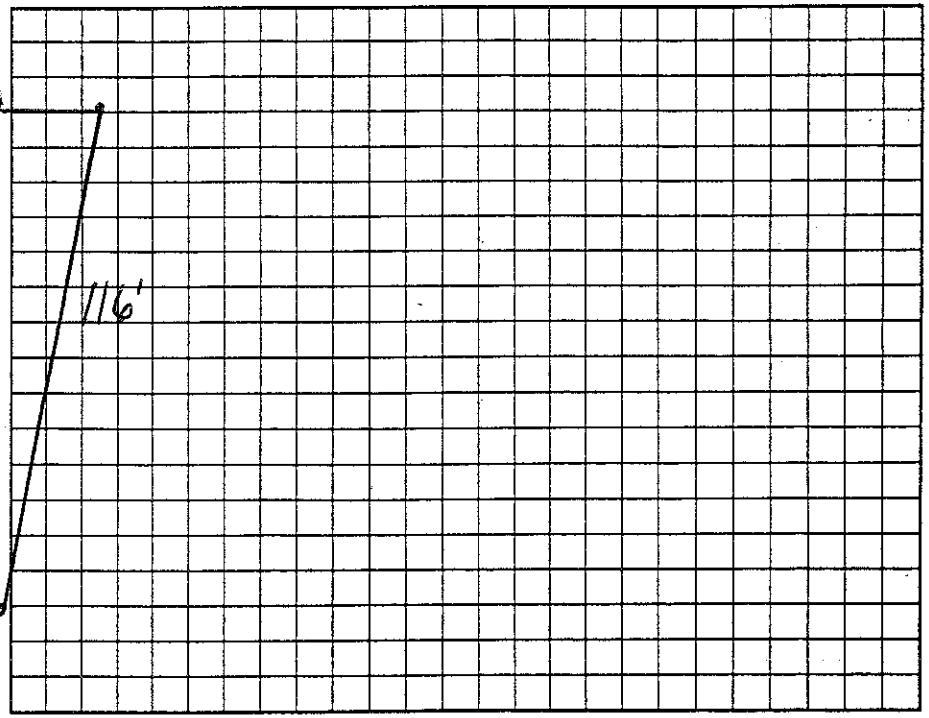
Comments:/Conditions:
Lines ≥5' from house foundation

Comments:/Conditions:
Gray Filter
ST marker

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 2-20-06 Installed by: James Huddler

Improvement Permit by: ____ date 2-20-06 Operation Permit by: ____ date 5-15-06

Authorization to Construct by: ____ date 2-20-06 Existing System Inspection by: ____ date ____

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