IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094888 PIN# 4721 20 8092 DATE 3/16/01

OWNER OR CONTRACTOR JOE H. SHOEMAKER PHONE: Business Home (704) 528-6074

ADDRESS 906 E. MOMBO RD., STATESVILLE, NC 28677

LOCATION E. MOMBO RD. @ 3 mi. ON (R) ACCESS FROM HUDSPATH RD.

SUBDIVISION BLOCK / SECTION LOT LOT AREA 42.45 Ac. SITE CLASS PS DESIGN FLOW 240 GPD L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 312 Date 3/7/01

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 266'

No Lines 2 Trench Width 3' Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: CONVENTIONAL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 2

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

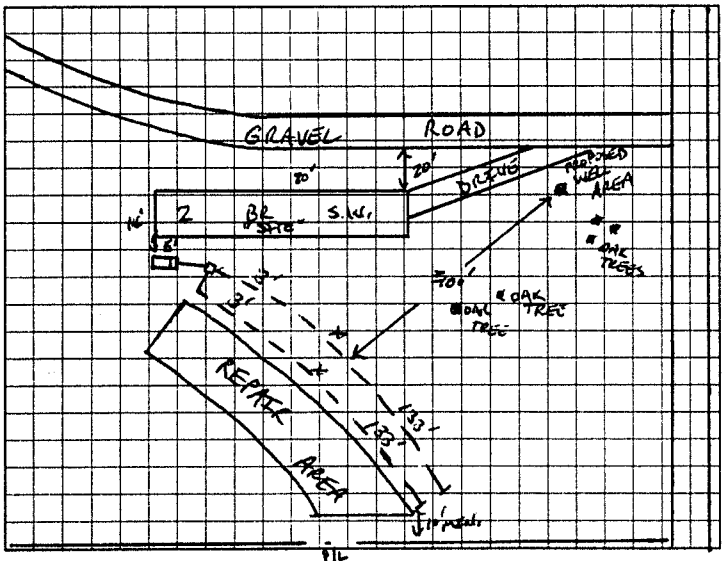
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

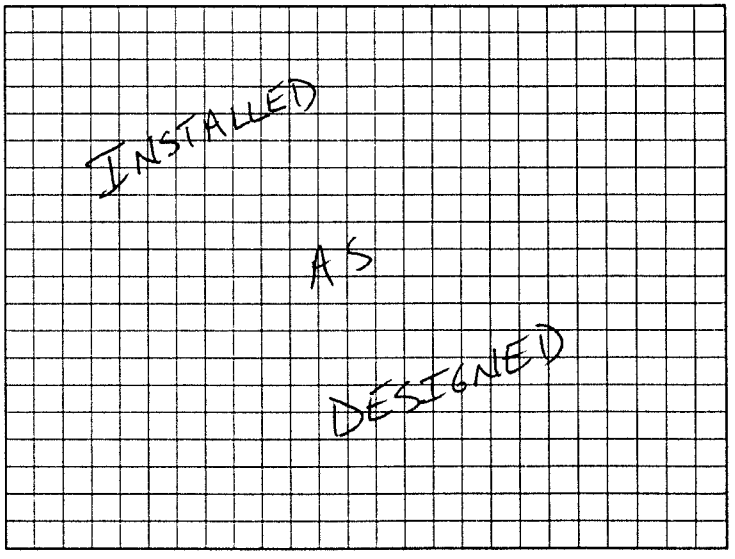
Comments/Conditions: (1) NO CUTTING OR FILLING OVER DRAINFIELD/REPAIR AREAS (2) KEEP ALL DRAINS AWAY FROM DRAINFIELD/REPAIR AREAS (3) MAINTAIN NOTED SETBACKS (4) INSTALL DRAINFIELD UNIFORM AND ON CONTOUR

Comments/Conditions: (1) PUMP SEPTIC TANK EVERY 3-5 YRS.

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: Joe H. Shoemaker date

Improvement Permit by: Susan Shinn date 3/16/01

Authorization to Construct by: Susan Shinn date 3/16/01

Installed by: WES LYTON

Operation Permit by: Susan Shinn date 4/10/01

Existing System Inspection by: date

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