# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14804 PIN# 4721-80-8648

OWNER OR APPLICANT Kent Shaw o Sons Construction, Inc. DATE 18 MARCH 08

ADDRESS P.O. Box 1061 Iyuntown, N.C. 28166 PHONE: Business 704-528-4494 Home 704-528-4421

LOCATION Old Mtn. Rd. Turn onto East Munbo TL Hicks Creek Rd. Lot on Rt.

SUBDIVISION SHAW BLOCK / SECTION ____ LOT 3 LOT AREA 1.294 Ac. SITE CLASS. PS DESIGN FLOW 480g/d L.T.A.R. 0.3g/ft²/d

Septic Tank: 1000 Gallons: STB 1017 Date 9-29-07

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ± 1600 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NF

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

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments:/Conditions:

Follow contour / Honor setbacks

Comments:/Conditions: Tuff Kleen Filter installed / ST Marker

End cap - to - end cap distribution

Tuff Hunter Quick-4

INITIAL SITE SKETCH

Please see Attached layout plan.

AS BUILT SKETCH

Installed as drawn on site plan

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 3-18-08

Improvement Permit by: ____, R.S. date 18 MARCH 08

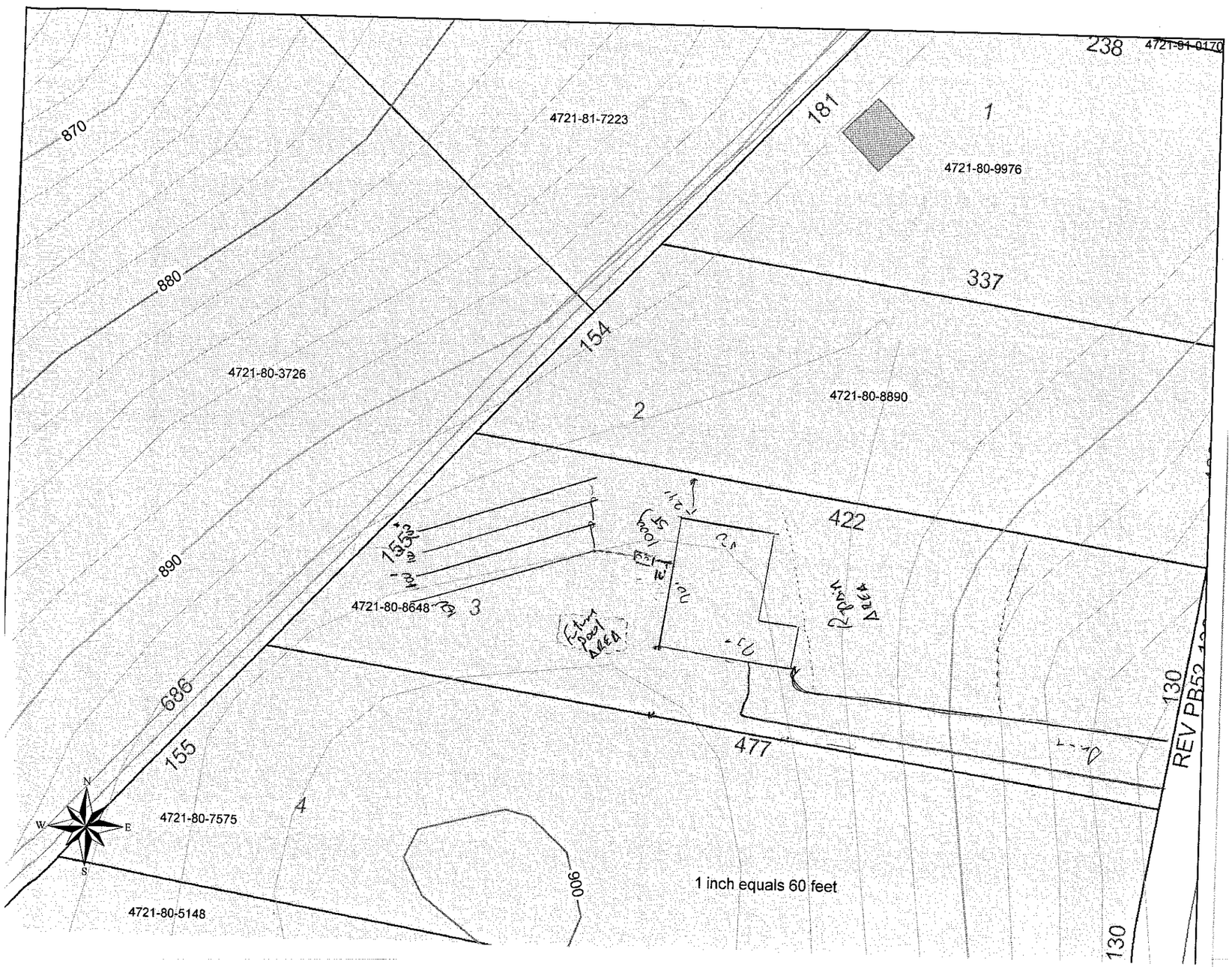
Authorization to Construct by: ____, R.S. date 18 MARCH 08

Installed by: Craig Thompson

Operation Permit by: ____, R.S. date 18 JUNE 08

Existing System Inspection by: ____ date ____

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


238
4721-81-0170
870
4721-81-7223
181
1
4721-80-9976
880
337
154
4721-80-3726
2
4721-80-8890
422
890
1553
4721-80-8648
3
686
155
477
130
REV PB52
4
4721-80-7575
N
W
E
S
900
1 inch equals 60 feet
4721-80-5148
130