IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13051720 PIN# ~~4721-80-7575-9976~~ 4721-80-7575-9976 DATE 8-15-05

OWNER OR CONTRACTOR Kent Shaw PHONE: Business _____ Home 704-528-4421

ADDRESS 321 Wagner St. Statesman, NC 28166

LOCATION I-40 (R) Old Mt Rd (R) Eamonboro (R) Hicks Creek ~ 1/2 MILE ON RIGHT

SUBDIVISION SHAW BLOCK / SECTION _____ LOT 1 LOT AREA 1.0 AC. SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 7-15-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Coven - Gravity
Repair System Description: Pump 25%
Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ___
☐ Business No. Employees ___
☐ Other _____

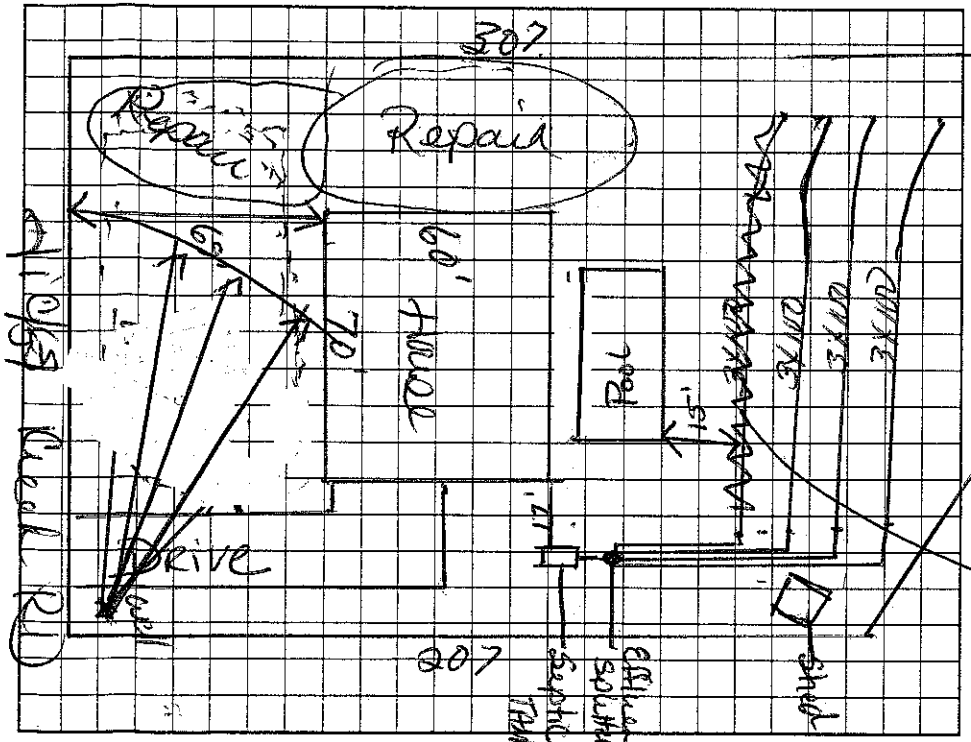
Water Supply: ☑ Individual ☐ Public ☐ Community

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

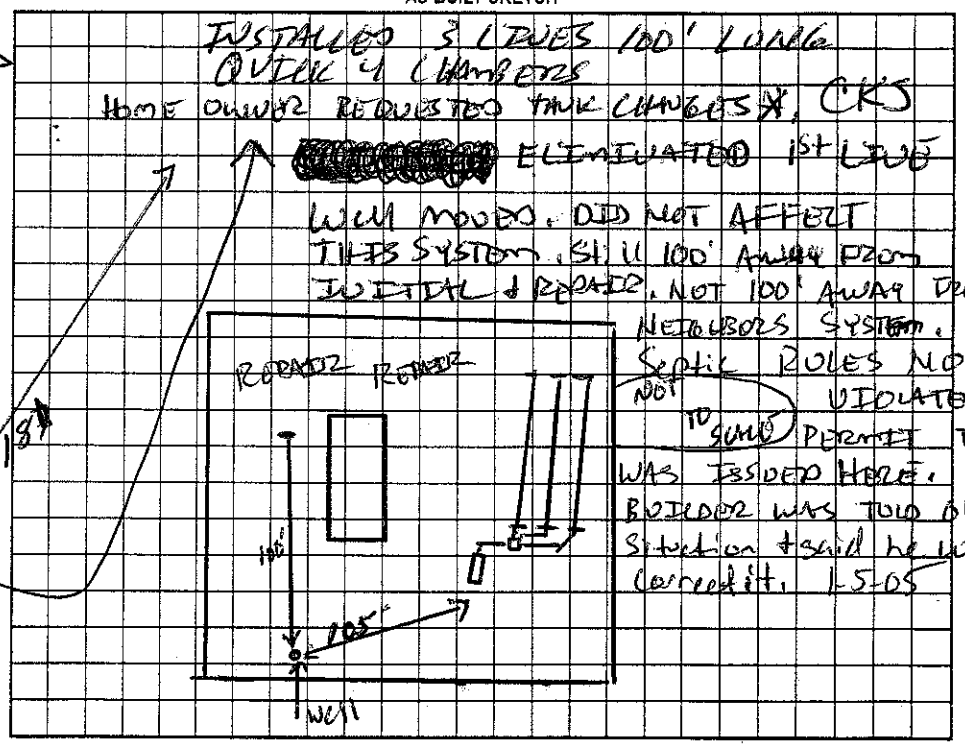
Comments/Conditions: Maintain 100' from well with initial system 100' with repair
Install on Contour - (1"=50')

Comments/Conditions: Use Effluent splitter (Zabel)
Zabel F1 w/ manifold, used DISTRIBUTION BOX WITH SPEED LEVELERS

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: Kent Shaw date 8-22-05 Installed by: JAMES HUDSON

Improvement Permit by: Kelly Cook date 8-15-05 Operation Permit by: [signature] date 1-5-06

Authorization to Construct by: Kelly Cook date 8-15-05 Existing System Inspection by: _____ date _____

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