This Voids Previous Permits

IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE May 23- 2000

PERMIT# 73745 PIN# 4743105847 pT

OWNER OR CONTRACTOR Shannon Chaves (1st Order Address) PHONE: Business _____ Home 878-0659

ADDRESS _____

LOCATION 21 N (I) Moose Club Rd (T) Skyuka Rd (R) Arlie Loop Keep Left to Apple Valley Lane on Right before Creek

SUBDIVISION Apple Valley BLOCK / SECTION _____ LOT 10 LOT AREA 1.13 Ac SITE CLASS. I/S DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 1-28-00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 sq ft Linear Feet 360

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" * Gravel Depth N/A

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

System Description: Gravity 25% Reduction

Repair System Description: for LP Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home DW No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: 58 Chambers or 36 HDS Sections

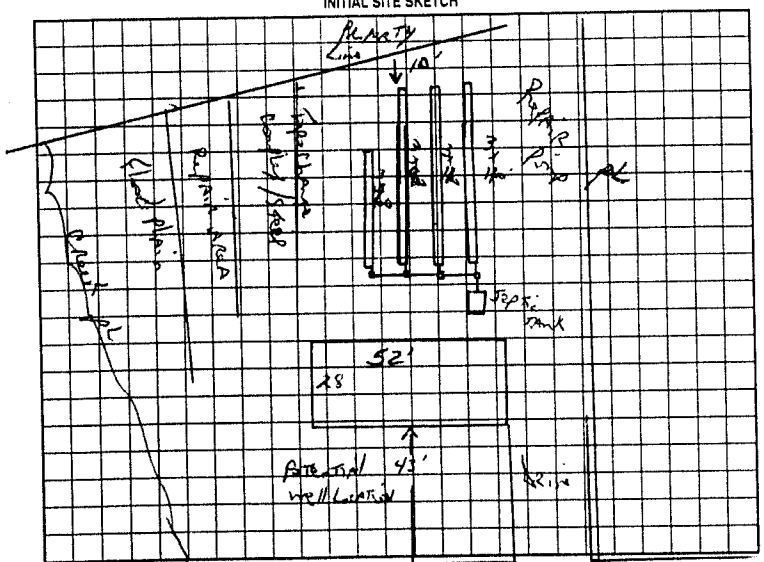
Keep well 100ft or MAX Feasible distance From Septic AREA

Not To Scale

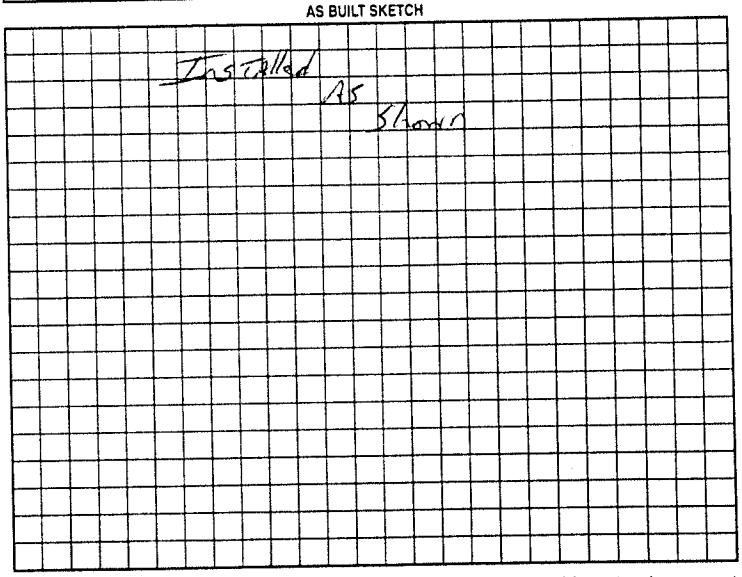
Comments/Conditions: HDS Sections Used

System installed deeper than Requested

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: Shannon Chaves date May 24 00

Improvement Permit by: L. Potter date May 23 00

Authorization to Construct by: L. Potter date May 23 00

Installed by: Al Barkhoe

Operation Permit by: L. Potter date May 23 00

Existing System Inspection by: _____ date _____

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