Last

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139299 PIN# 4746260578 DATE 1-5-07

OWNER OR APPLICANT Janice Sharpe McAlpin PHONE: Business 704 902 4669 Home 704 876 4928

ADDRESS 120 Postell Dr

LOCATION Highway 21 N- (L) on Shumaker Dr. (L) on Nixon Rd Shadow wood is on the left

SUBDIVISION Shadow Wood BLOCK / SECTION _____ LOT 20 LOT AREA .558 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons: STB N069 Date 12-11-07
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☐ New System ☐ Repair ☐ Expansion System Type: (I) II III IV V VI
System Description: 25% Reduction
Repair System Description: 25% Reduction Pump
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth _____ ☒ Gravity ☐ Pressure

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

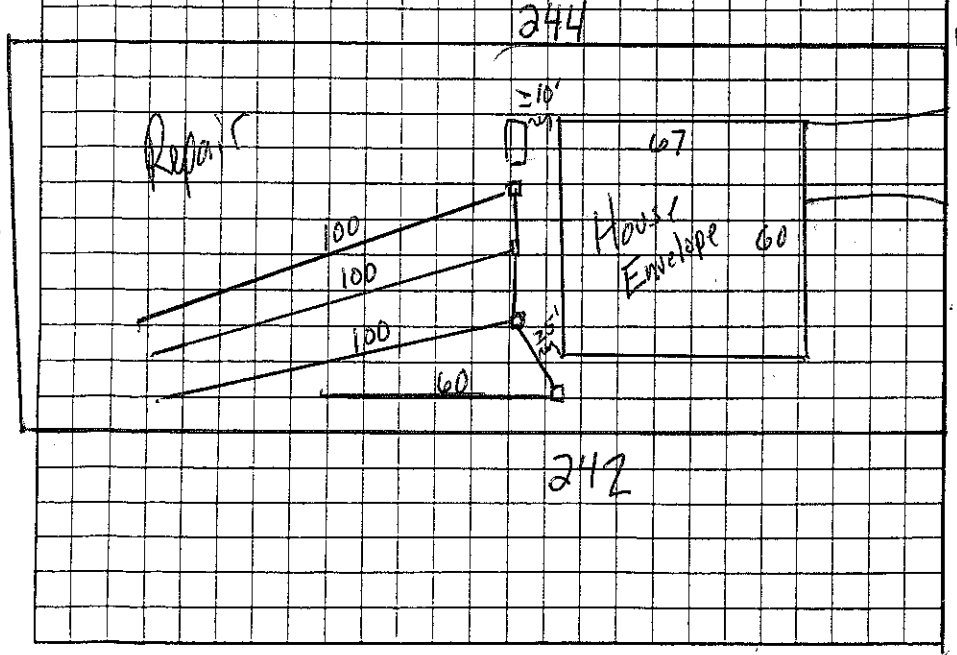
Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments:/Conditions:

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Drainage Bypass Flow Around Site map

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: Jan McAlpin Jordan Building date 1/8/07 Installed by: KEM GRADING

Improvement Permit by: _____ date 1-5-06 Operation Permit by: Kyle Cook date 5-24-07

Authorization to Construct by: _____ date 1-5-06 Existing System Inspection by: _____ date _____

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