IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 082739 PIN# 4746367747 DATE 7-19-99

OWNER OR CONTRACTOR Sarah Moose PHONE: Business _____ Home 876-6070

ADDRESS 258 Shumaker Dr Statesville NC

LOCATION 21N TL Shumaker 2nd on® Before Nixon

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.98 SITE CLASS. P/S DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270

No Lines 3 Trench Width 36in Max Trench Bottom Depth 36in Gravel Depth 12in

[X] New System [ ] Repair System Type: I, (II), III, IV, V, VI

System Description: Gravity Conventional

Repair System Description: Gravity Conventional

Maintenance Agreement Required: [ ] Yes [X] No

[ ] House/Mod. Home No. Bedrooms 4

[X] Mobile Home No. Bathrooms 2

[ ] Business No. Employees ____

[ ] Other _____

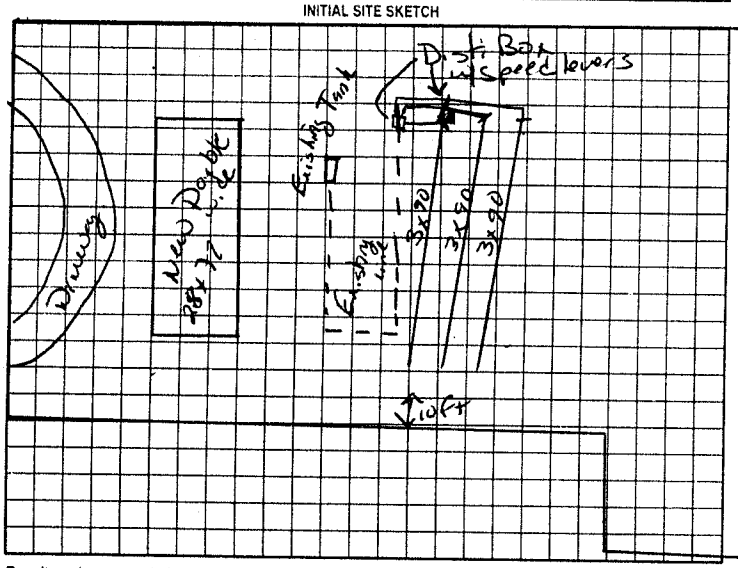
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [ ] Community

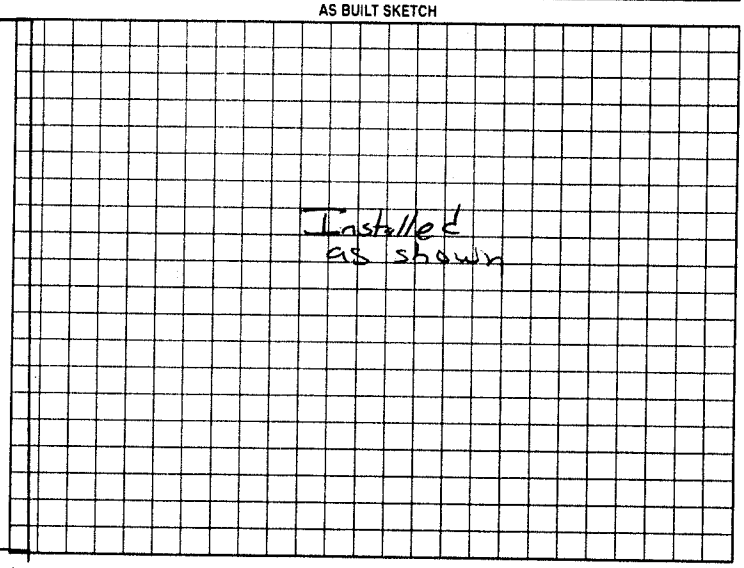
Comments/Conditions: Adding 2 additional Bed Rms
Install 3 lines on contour using Dist. Box

Comments/Conditions

INITIAL SITE SKETCH



AS BUILT SKETCH



Shumaker Road

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: Kenny Madison date _____

Improvement Permit by: Mary C Outlaw RS date 7-19-99

Authorization to Construct by: Mary C Outlaw RS date 7-19-99

Installed by: Kenny Madison

Operation Permit by: Mary C Outlaw RS date 7-21-99

Existing System Inspection by: _____ date _____

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