IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 210419

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

PIN # 4746444670

APPLICANT: Fawn Combs APPLICANT ADDRESS: 129 Feimster St.

PHONE: 704-880-2555 ALT. PHONE: N/A

SITE ADDRESS: 137 Shumaker Rd.

SITE DIRECTIONS: Hwy 21 N TL Shumaker Rd. Property on Left.

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 0.57 acres DESIGN FLOW: 240gpd L.T.A.R.: 0.275

Septic Tank Existing (gal) STB 160-1000 Date 4-29-15
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 4 Linear Ft: 222
Trench Width 36" Max. Trench Bottom Depth 33" Gravel Depth N/A

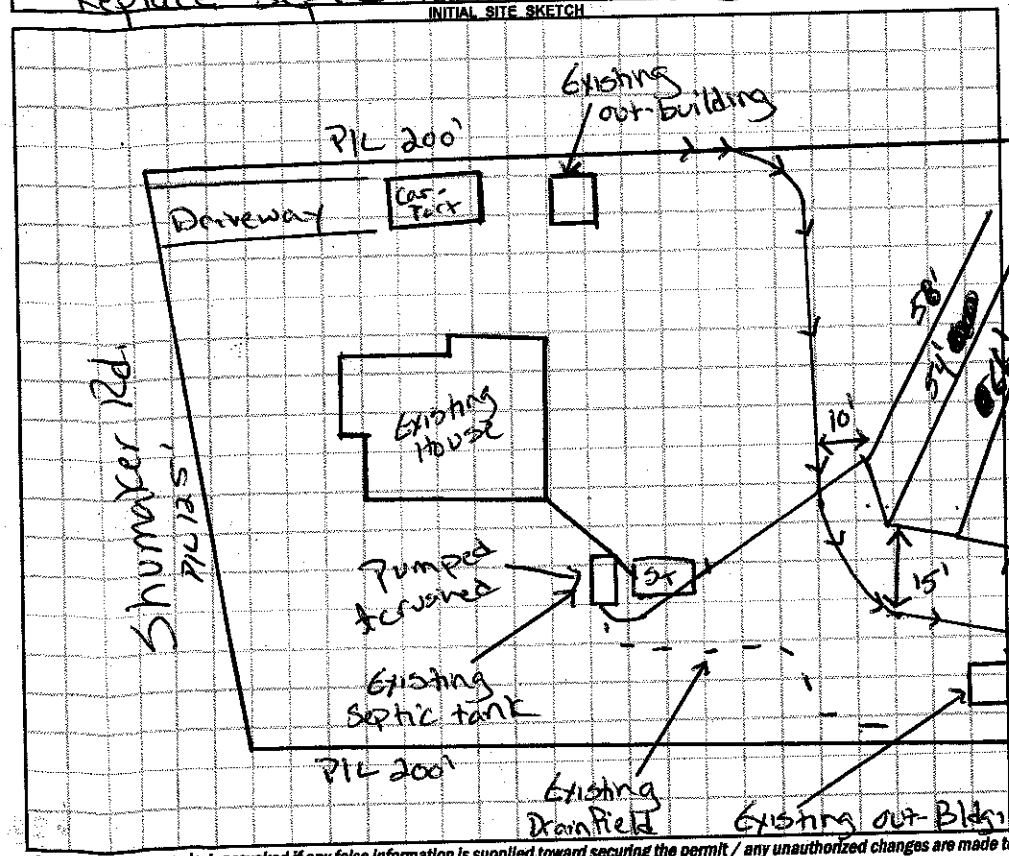
☐ New System ☑ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description:
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☑ Basement w/plumbing
No. Bedrooms 2 No. Persons 4 No. Employees ☐ Crawl Space
☐ Basement w/o plumbing

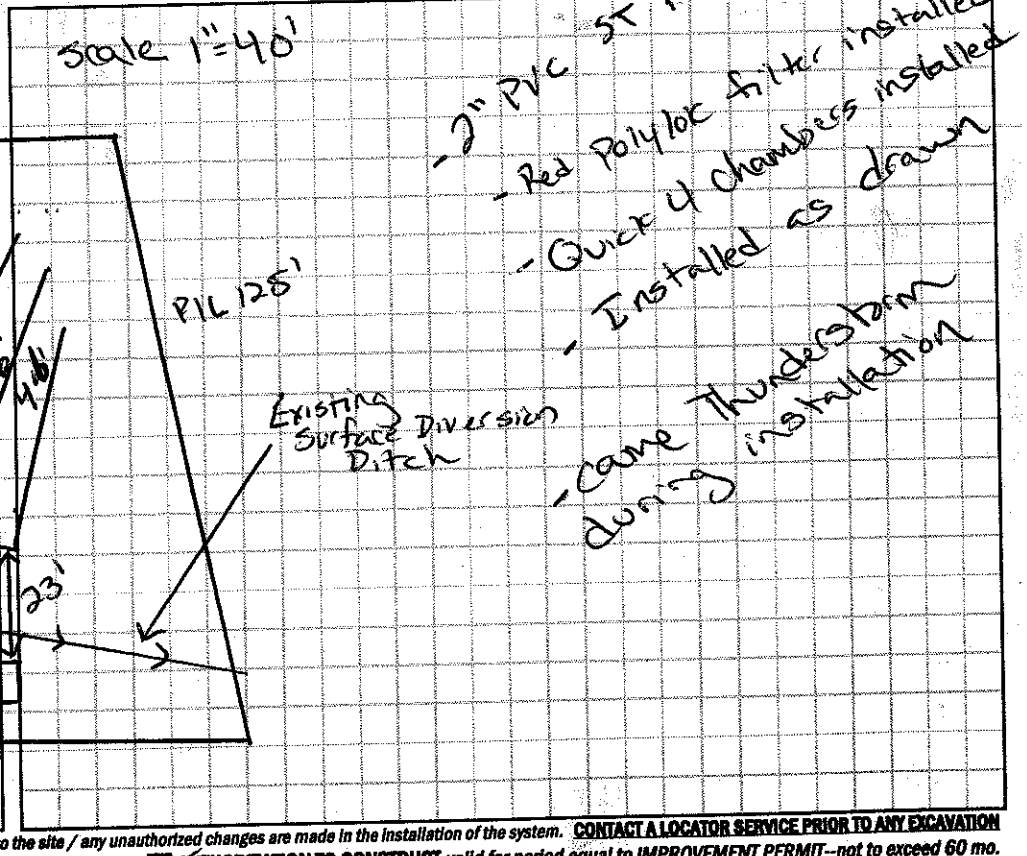
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install a 25% Reduction on contour with serial distribution. ★ Install TRENCH BOTTOMS @ 33" on high side ★ Replace septic tank if needed.

INITIAL SITE SKETCH



AS BUILT SKETCH



CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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 60 mos. ☑ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Fawn Combs Date: 5-7-15 Installed by: K+M Grading

IMPROVEMENT PERMIT by: Justin Henderson Date: 5-14-15 OPERATION PERMIT by: Justin Henderson Date: 6-1-15

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 5-14-15 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK