IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 10149 PIN# ~~4747-32-5273.12~~ 4747-32-5273 DATE 10-24-03

OWNER OR CONTRACTOR KENT SHAW & SONS PHONE: Business 704-402-0085 Home

ADDRESS 173 UPPER OAK DR STATESVILLE NC 28625

LOCATION HWY 21 N (L) SHUMAKER (L) DOE RUN (L) PHEASANT IN CUL-DE-SAC

SUBDIVISION GRAYSTONE MEADOWS BLOCK / SECTION LOT 12 LOT AREA 1.62 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .125

Septic Tank: 1000 Gallons; STB 1007 Date 8-29-03

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet EQ ≈ 1440' Linear Feet 360

No Lines 4 Trench Width 36" Max Trench Bottom Depth 20" Gravel Depth N/A

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

System Description: GRAV 25% REDUCT

Repair System Description: LP PANEL / LOW PRESSURE PIPE

Maintenance Agreement Required: ☐ Yes ☒ No

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

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 3 No. Employees

Water Supply: ☐ Individual ☒ Public ☐ Community

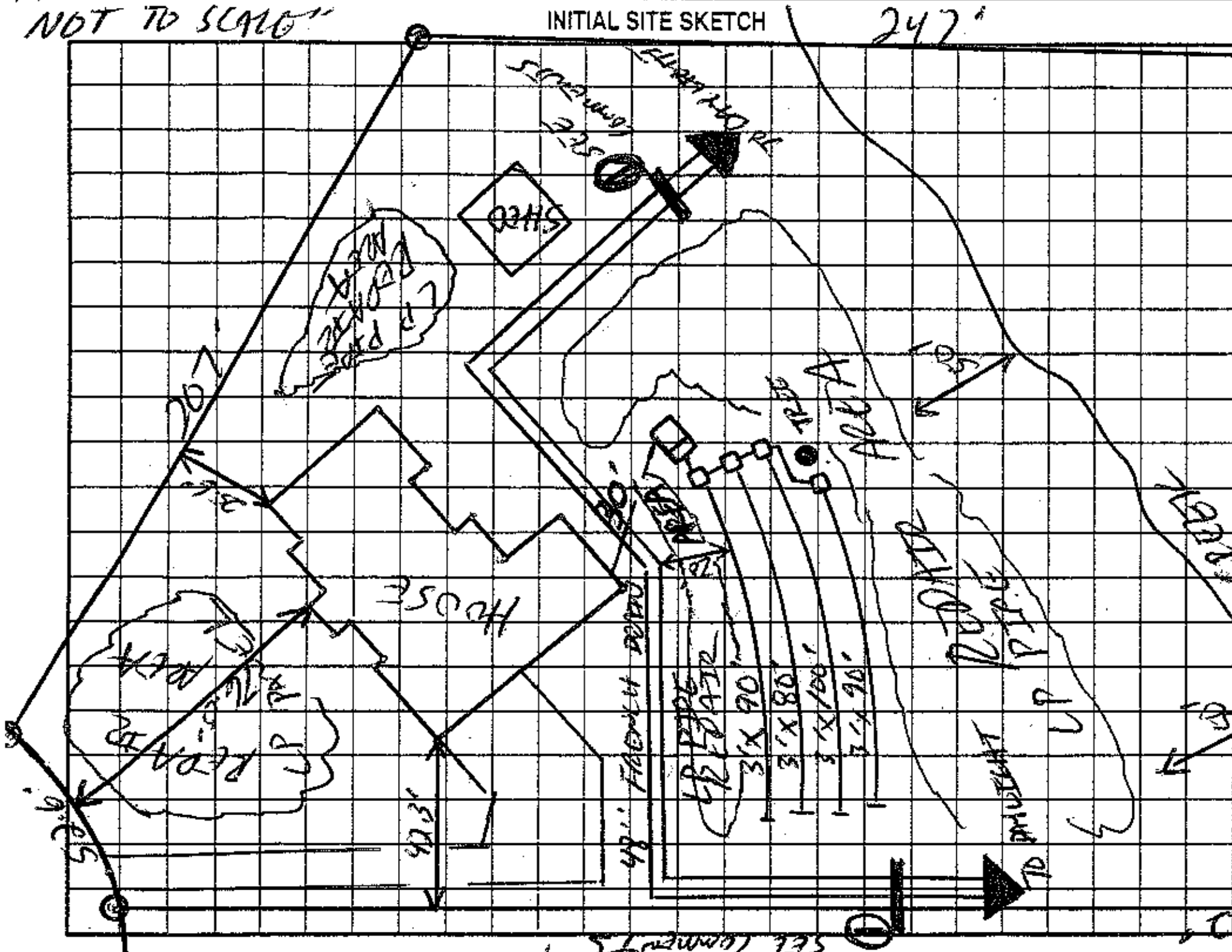
Comments:/Conditions: (1) FRENCH DRAIN TO BE INSTALLED 48" DEEP TO THESE PTS & THEN TO DAYLIGHT (2) SYSTEM MUST BE SHALLOW & PLACED AT 20" MAXIMUM DEPTH (3) INSTALL LINES ON CONTOURS (4) BASEMENT CUT MUST

Comments:/Conditions: START AT NATURAL GRADE (5) THIS PERMIT REPLACES PREVIOUSLY ISSUED PERMIT ON 8-8-01.

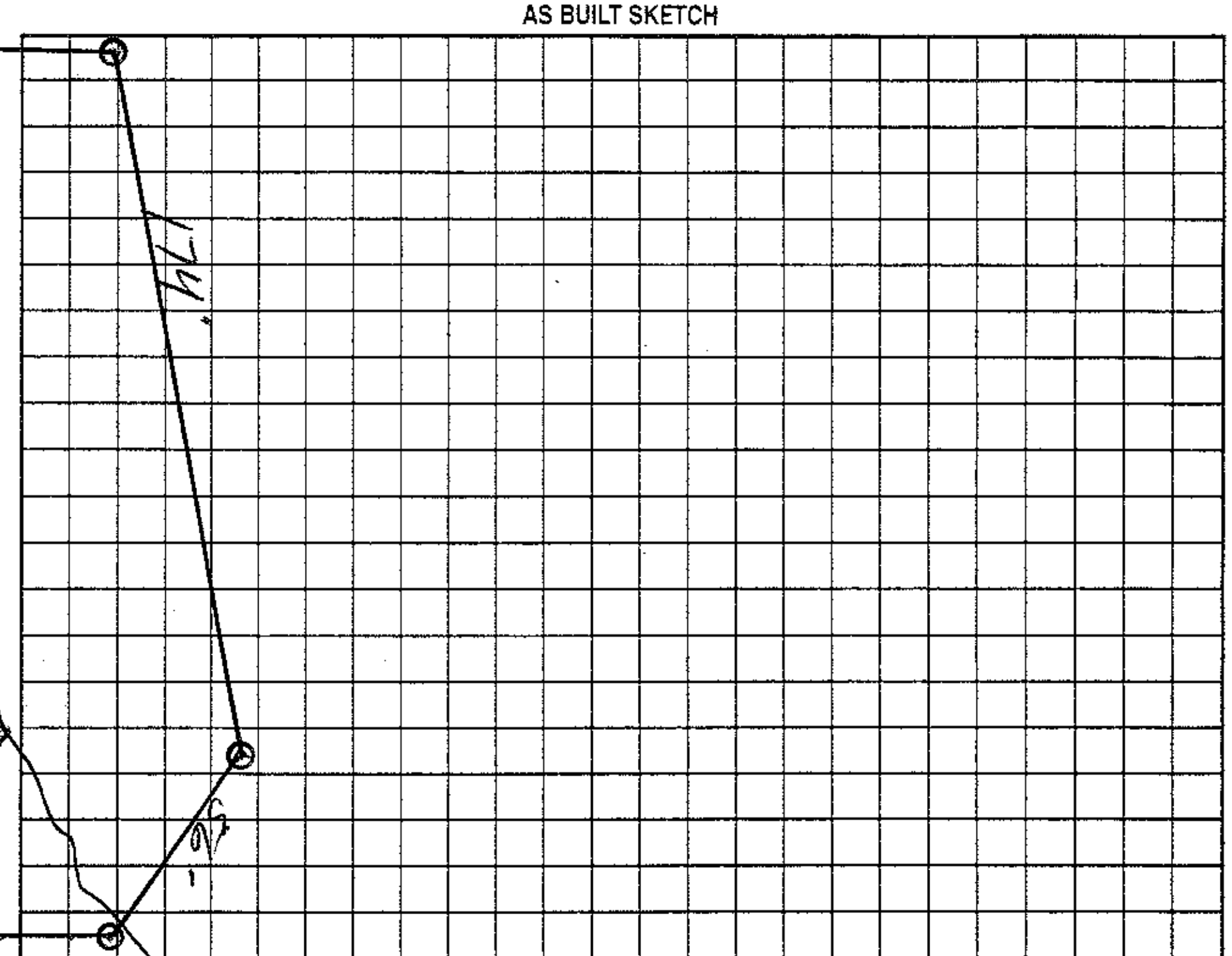
TUFFTITE FILTER & MARKER INSTALLED AS DRAWN

NOT TO SCALE

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: [signature] date

Installed by: JAMES HOOLER

Improvement Permit by: [signature] RS date 10-24-03

Operation Permit by: [signature] RS date 10-24-03

Authorization to Construct by: [signature] date 10-24-03

Existing System Inspection by: date

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