IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 147870 PIN# 4750889742 DATE 1-23-08

OWNER OR APPLICANT JM Workman & Company, Inc. PHONE: Business 704-632-3996 Home 704-655-9543

ADDRESS 19600-A102 West Catawba Ave Cornelius NC 28031

LOCATION Hwy 115 N TR Shinnville TL Weathers Creek TL Pheasant Run on left

SUBDIVISION Pheasant Run BLOCK / SECTION ______ LOT 46 LOT AREA .66Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .25gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 11-18-07
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA ☒ Gravity ☐ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: Ⓘ II III IV V VI
System Description: 25% reduction gravity
Repair System Description: 25% reduction gravity
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ______
No. Bedrooms 3 No. Persons 6 No. Employees ______

Water Supply: ☒ Individual ☐ Public ☐ Community

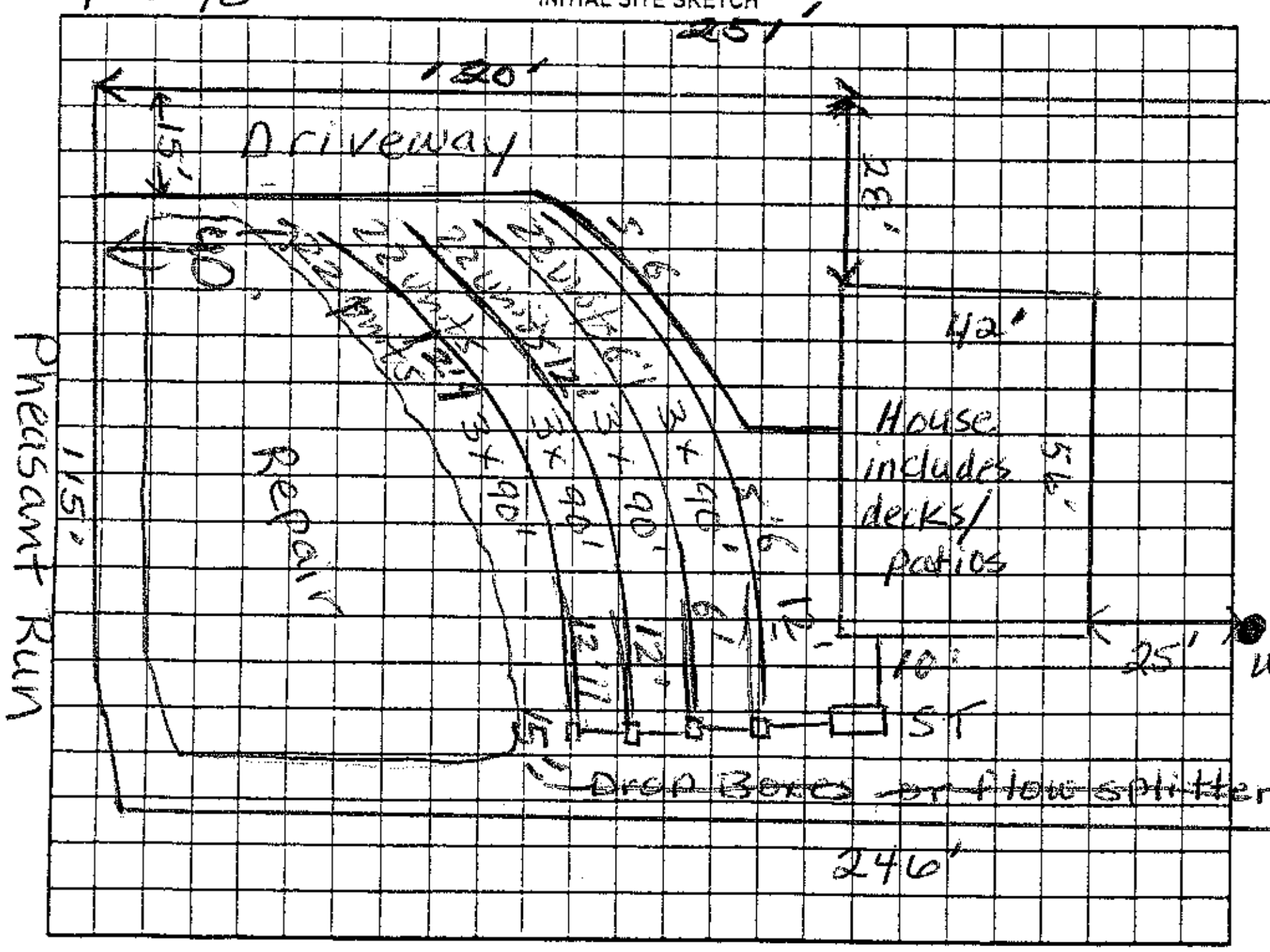
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:
Shave berms to shed water

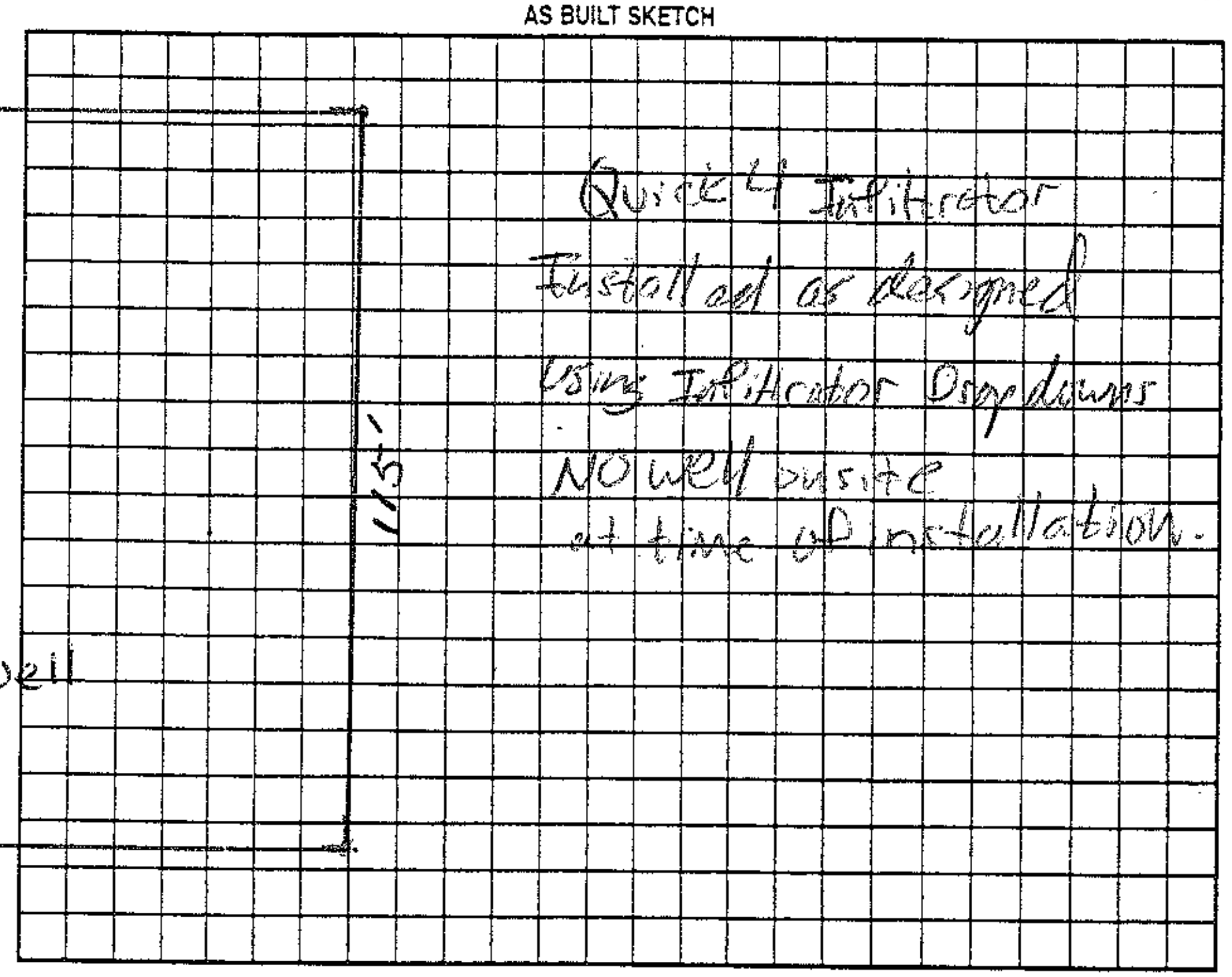
Comments:/Conditions:

1" = 40'

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 1-28-08

Improvement Permit by: Judy Melville date 1-23-08

Authorization to Construct by: Judy Melville date 1-23-08

Installed by: A-1 Backhoe

Operation Permit by: Anthony Coker (?) date 2/20/08

Existing System Inspection by: ______ date ______

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