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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 092649 PIN# ~~4751-70-1311 (pt.)~~ 4751-70-0226 DATE October 30, 00

OWNER OR CONTRACTOR TERESA NEWTON PHONE: Business _____ Home _____

ADDRESS 523 Shepherd Rd. Tot. 28166

LOCATION 115-21 N TR 1001 (Ostwalt-Amity) TR Overcash Rd ~ 1/4 mile on Right

SUBDIVISION Overcash Estates BLOCK / SECTION _____ LOT 6 LOT AREA .914 Ac. SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 794 Date 2-17-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1350 Linear Feet 450
No Lines 6 @ 75' Trench Width 36" Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY CONVENTIONAL
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

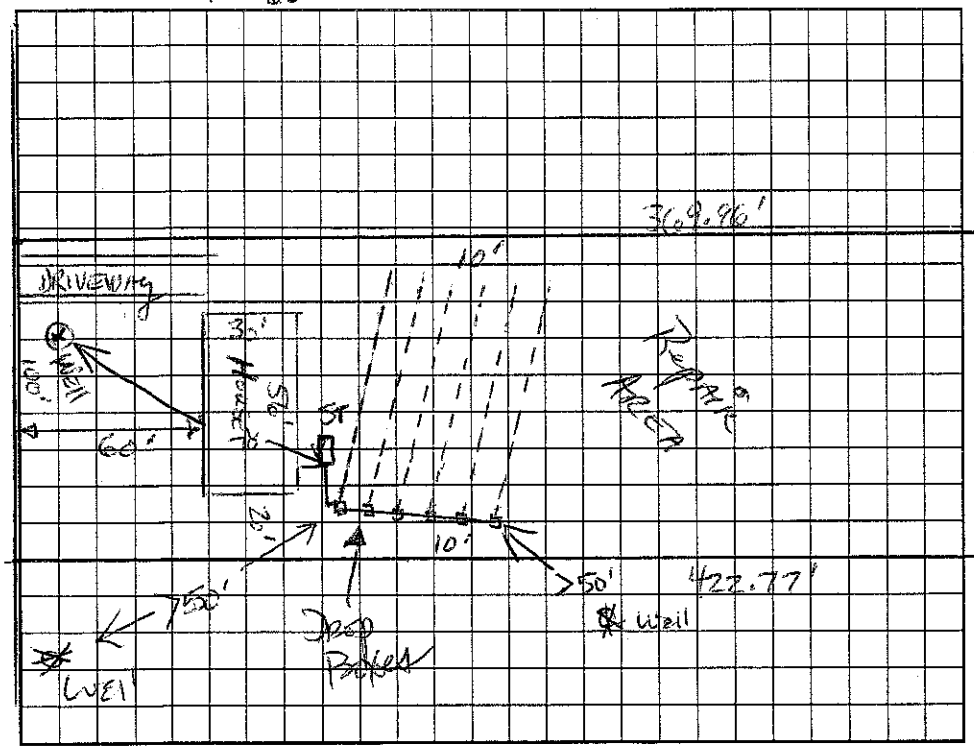
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

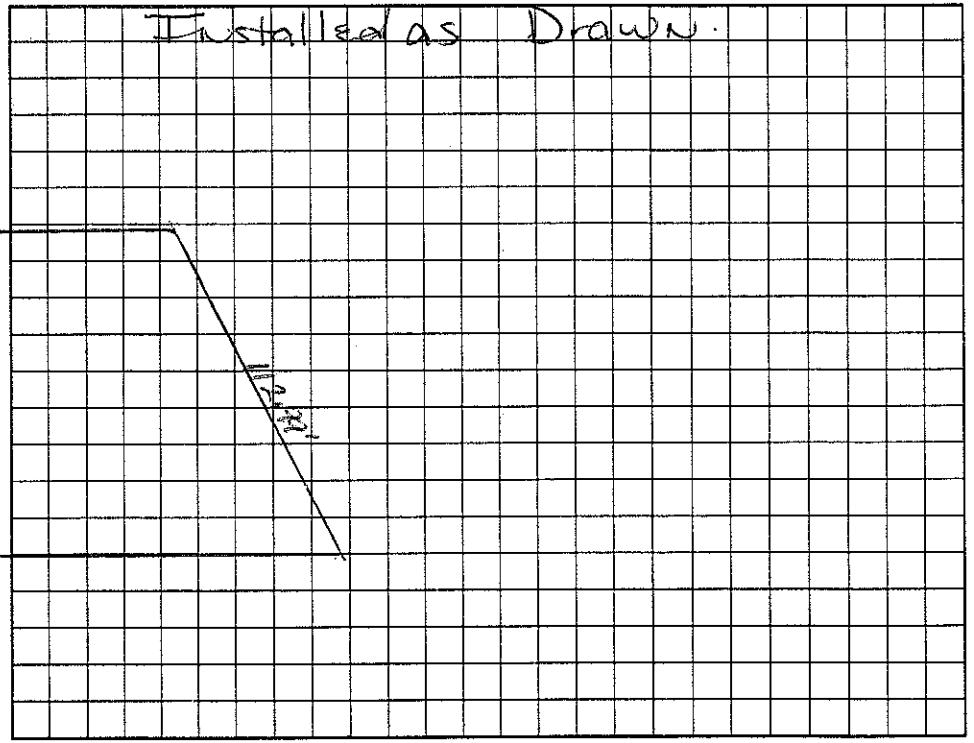
Comments:/Conditions: Install laterals at 36" trench bottom depth.

Comments:/Conditions: Filter installed

1" = 60' 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: Tracy T. Goodson date 10-30-00 Installed by: Andy Daniels

Improvement Permit by: David Thurman, RS date 10-30-00 Operation Permit by: Mariatt H. Watson RS date 4/19/2001

Authorization to Construct by: David Thurman, RS date 10-30-00 Existing System Inspection by: _____ date _____

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