IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 071359 PIN# 4760175284 PT 4760-15-4225 DATE 2/20/98

OWNER OR CONTRACTOR Howard & Associates PHONE: Business 892-3152 Home

ADDRESS 18400 Shearer Rd Davidson, NC 28036

LOCATION Hwy 115 N. TR Shinnville Rd TL Weathers Creek TL Sydney 3rd lot on Rt

SUBDIVISION Country View Est. BLOCK / SECTION LOT 6 LOT AREA .5 Acre SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 7/20/98
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 6 at 67' Trench Width 36" Max Trench Bottom Depth 28" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Conv. Conventional
Repair System Description: Conv/Pump Plastic Chamber or Similar
Maintenance Agreement Required: ☐ Yes ☒ No

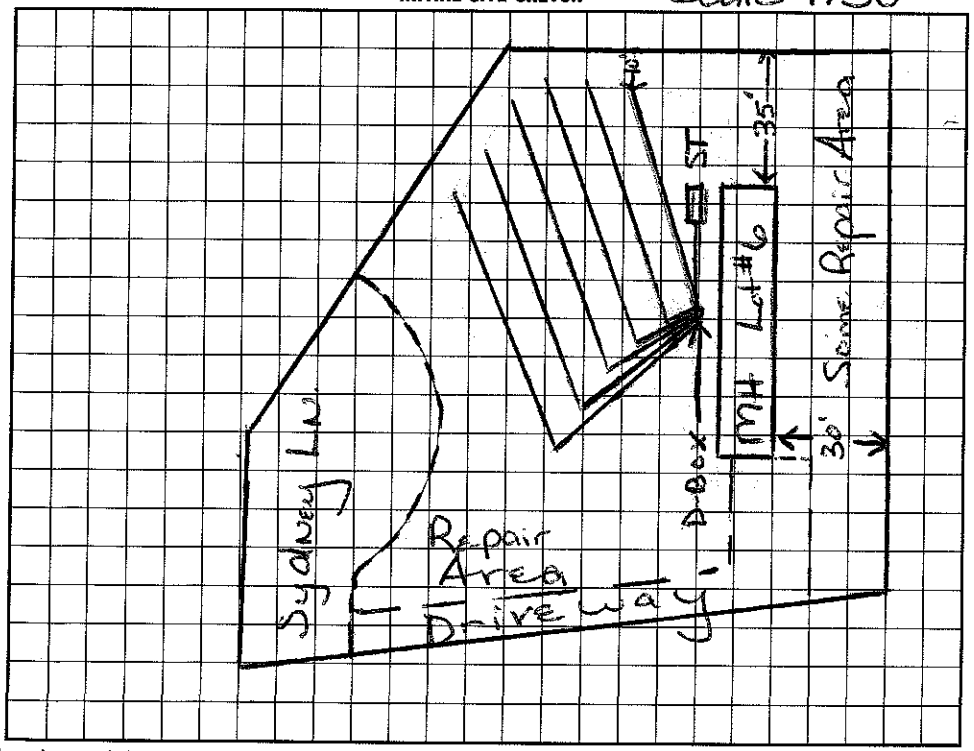
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community
Multiple Connect.

Comments:/Conditions: Keep Septic System at least 5' from M.H. & 10' from Property lines

Comments:/Conditions:

INITIAL SITE SKETCH Scale 1:50



AS BUILT SKETCH

I understand that this 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: Joel Howard date 3-12-98

Improvement Permit by: Myra H. Watson date 2/20/98

Authorization to Construct by: Myra H. Watson date 2/20/98

Installed by: Larry Beam

Operation Permit by: C. [illegible] EHS date 9/14/98

Existing System Inspection by: date

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