IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 071360 PIN# ~~4760 75234 PT~~ 4760-15-3243 DATE 2-20-98

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

ADDRESS 18400 Shearer Rd Davidson, NC 28036

LOCATION 115 N. to Shinnville Rd TR; Weathers Creek Rd TL to Sydney Ln TL 2nd lot on Rt.

SUBDIVISION Countryview BLOCK / SECTION LOT 7 LOT AREA .52 Acre SITE CLASS SPS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 6/30/98
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 at 100' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: Gravity-Conventional
Repair System Description: Serv/Pump Pl. Chamber or Similar
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth 12" ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

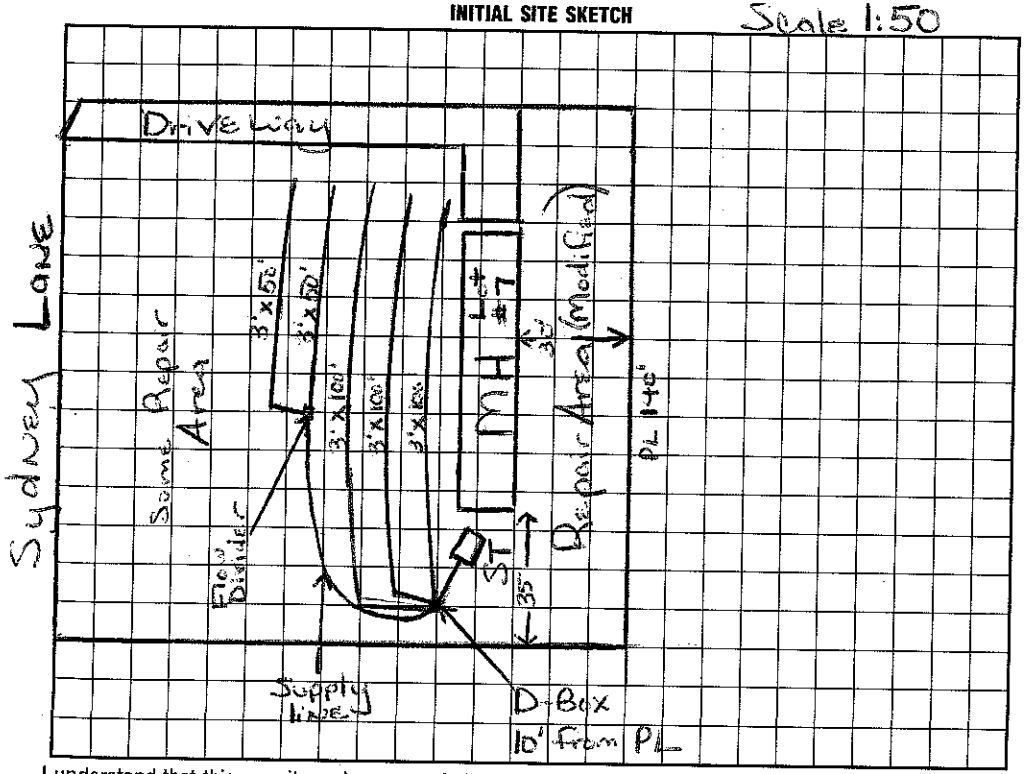
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply: ☒ Individual ☐ Public ☒ Community Multi-Connect. Private Well

Comments:/Conditions: Keep Septic System at least 10' From lot line & 5' from MH.

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: _____ date 3-12-98 Installed by: Larry Beam

Improvement Permit by: _____ date 2/20/98 Operation Permit by: _____ date 9/14/98

Authorization to Construct by: _____ date 2/20/98 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