IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 086229 PIN# 4760310103 DATE 7-16-2001

OWNER OR CONTRACTOR Chad Overcash PHONE: Business 278-6215 Home 660-1755

ADDRESS 865 Weathers Creek Mooresville, NC

LOCATION Hwy 115/21 N. TR Shinnville Rd. TL Weathers Creek ~ 1/4 mile on right past graveya

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 5.8 Acres SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 4-10-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400
No Lines 4@100' Trench Width 36" Max 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: Modified (Acreage)
Maintenance Agreement Required: ☐ Yes ☒ No

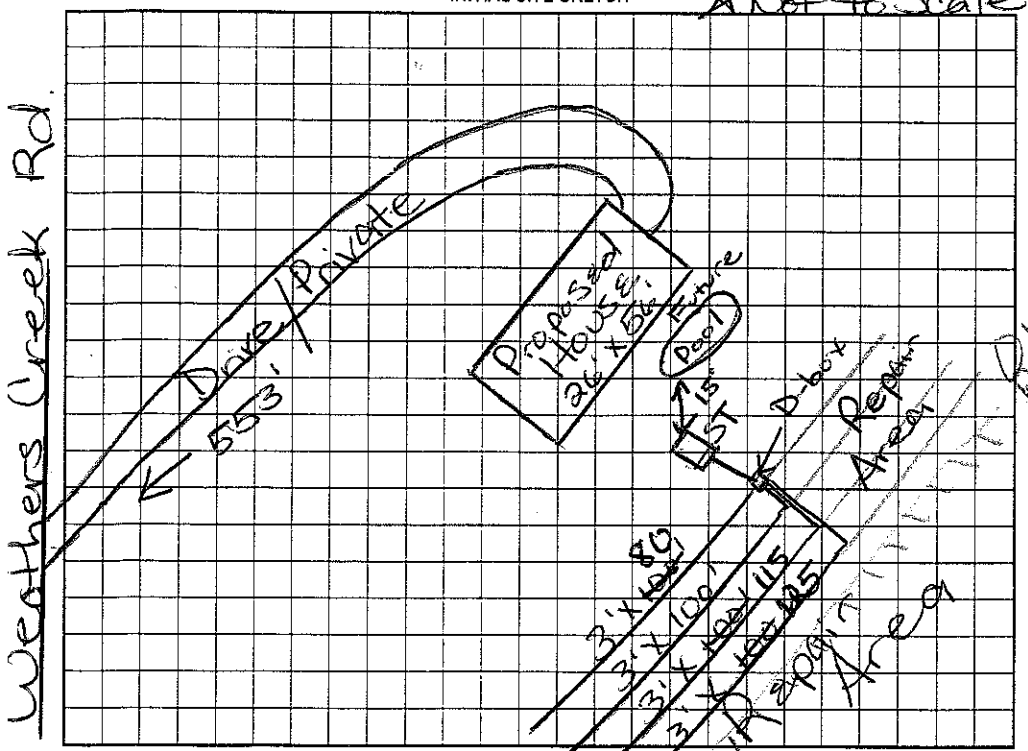
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

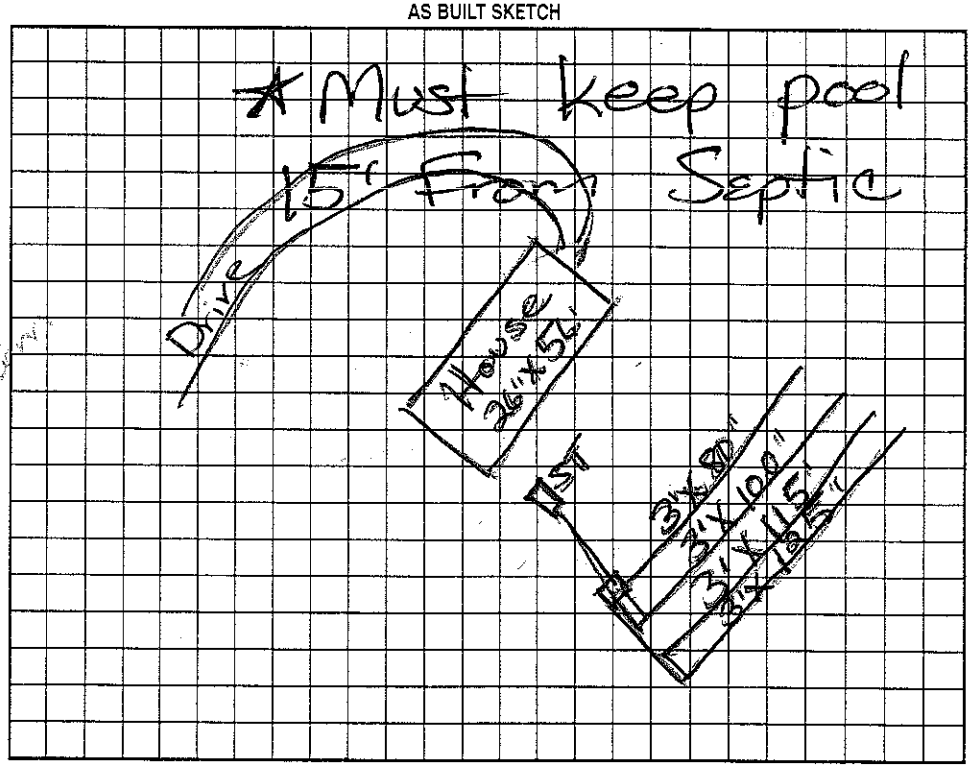
Comments:/Conditions: Keep Septic System at least 10' From PL, 100' From well & 15' from Future pool area. Install drainlines on Contour.

Comments:/Conditions: ★Keep well at least 25' From House & 100' to Septic
★Remove old berm below last drainline Filter installed.

INITIAL SITE SKETCH ★Not to Scale



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: Chad Owl date 7-19-2001
Improvement Permit by: Maria H. Dotson RS date 7/18/2001
Authorization to Construct by: Maria H. Dotson RS date 7/18/2001
Installed by: Tommy Frye
Operation Permit by: Maria H. Dotson RS date 8/17/2001
Existing System Inspection by: _____ date _____

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