7130 2100

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106071 PIN# 4760820706 DATE 5-9-2002

OWNER OR CONTRACTOR Wayne Farr PHONE: Business 634-3217 Home 664-3282 Larry Howard

ADDRESS 1047 Shinnville Rd Cleveland NC 27013

LOCATION Hwy 21/115 N TR Shinnville Rd ~3 1/2 miles past Brawley Rd on left #1053

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA 2.16 Acres SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .25 to .3

Septic Tank: 1000 Gallons; STB 825 Date 3/5/02

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'

No Lines 4 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity -25% Reduction

Repair System Description: Pump -25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

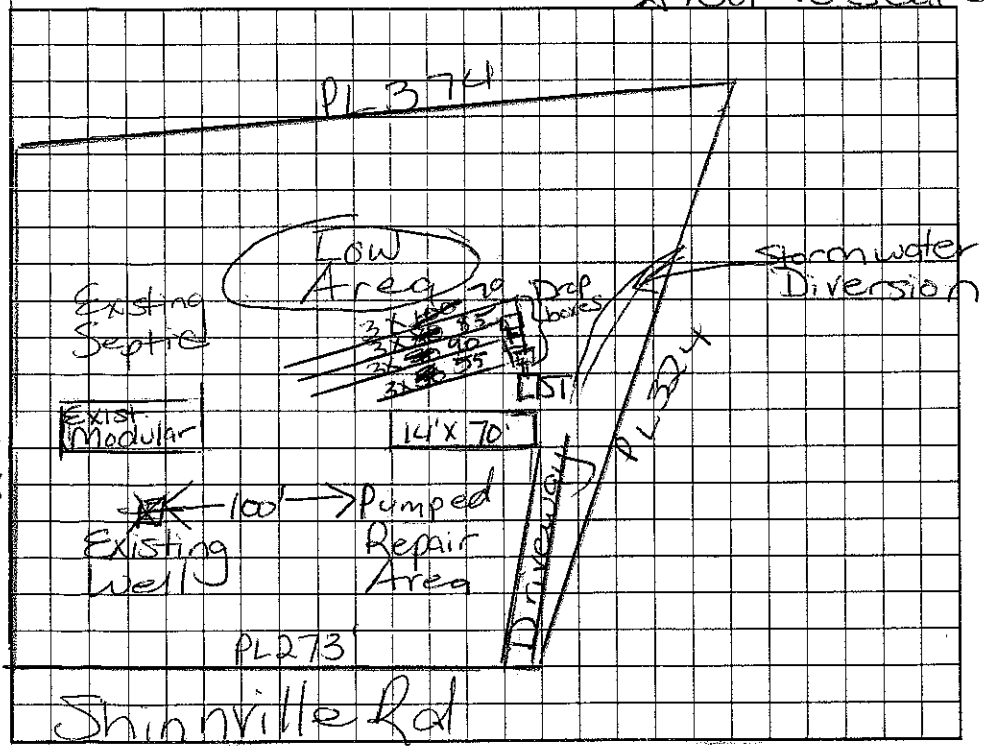
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Divert Stormwater Away From Drain Field area. Keep Septic System at least 5-10 feet from MH.

Comments:/Conditions:

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: Larry Howard (FOR WAYNE FARR.) date 5-13-02 Installed by: Rowan Septic

Improvement Permit by: Maria H. Dobson RS date 5/9/2002 Operation Permit by: ____ RS date 6/25/02

Authorization to Construct by: Maria H. Dobson RS date 5/9/2002 Existing System Inspection by: ____ date ____

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