IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~86595~~ 113845 ~~476-96-6177-PL~~ 4760856236 DATE 6/5/02

OWNER OR CONTRACTOR Irwin Alsop PHONE: Business _____ Home 704-528-2473

ADDRESS 175 Sonoma Dr. Cleveland NC 27013

LOCATION Shinnville Rd. N TL Sonoma Drive, at cul de sac middle Lot.

SUBDIVISION Shinnville Est. BLOCK / SECTION 1 LOT 7 LOT AREA 1.9 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1612 Date 12/29/02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines ~~40~~ 12 Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY - CONVEN ☒
Repair System Description: GRAVITY - 25% Reduced
Maintenance Agreement Required: ☐ Yes ☒ No

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

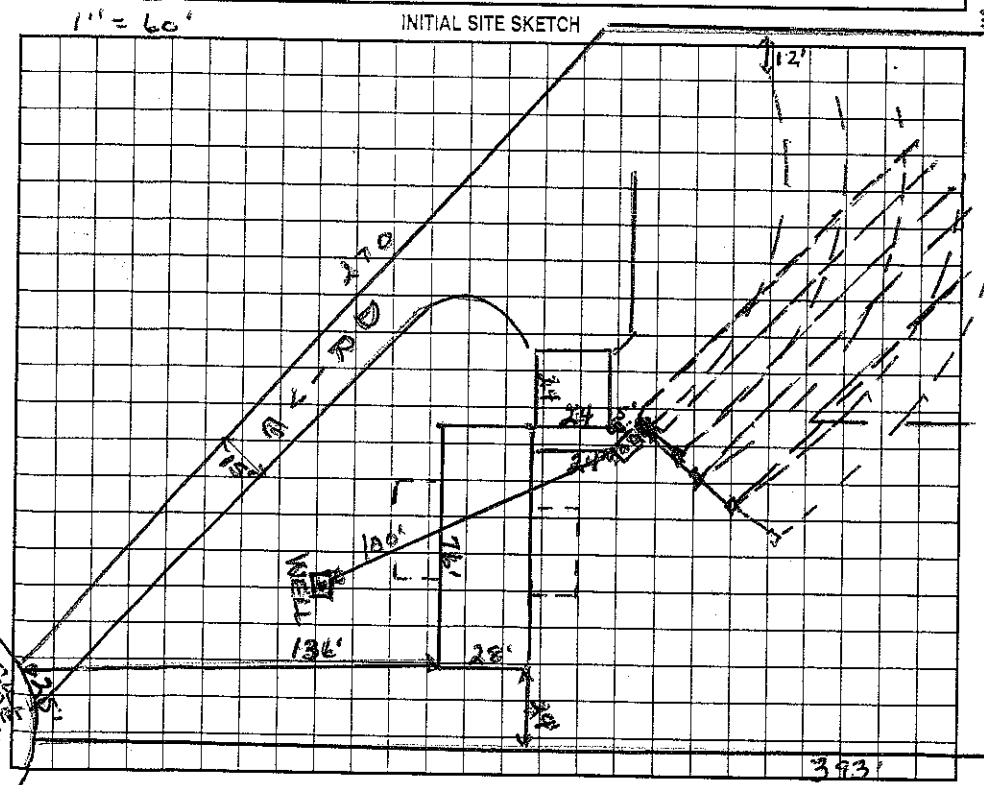
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: ☒ House pad should be built up not graded down. Alt grading to sewer a pump and pump tank will be required on this system.

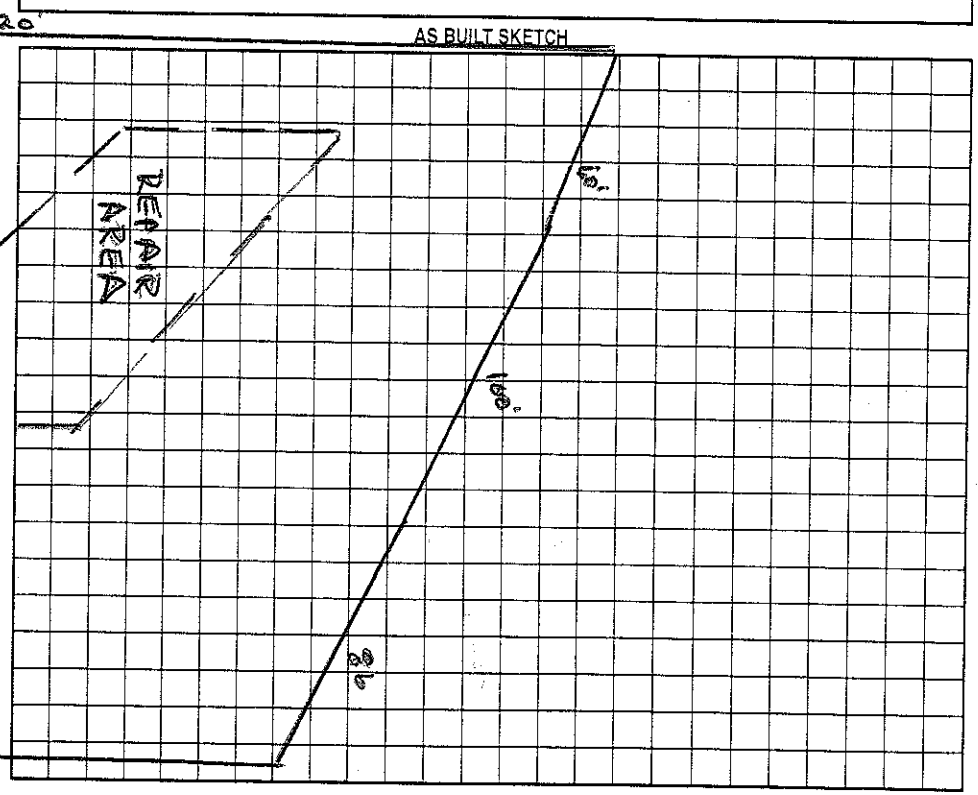
Comments/Conditions: ~~5~~ 3T 96, 100, 105, 100, 78
Drop Boxes

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: Irwin Alsop date 6-9-03 Installed by: A-1 Backhoe

Improvement Permit by: Wesley Sparks RS. date 6/5/03 Operation Permit by: Wesley Sparks RS. date 7/7/03

Authorization to Construct by: Wesley Sparks RS. date 6/5/03 Existing System Inspection by: _____ date _____

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