3:30 Inp+E

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 86598 PIN# ~~4760966477-PF~~ 4760859222 DATE 3/15/00

OWNER OR CONTRACTOR OVERCAST LAND & DEV. PHONE: Business 525-2529 Home

ADDRESS PO BOX 3846 MOORESVILLE NC 28117

LOCATION I-77N - TR SHENNVILLE - TL SONOMA DRIVE - 6th ON LT.

SUBDIVISION SHENNVILLE EST BLOCK / SECTION I LOT 6 LOT AREA 1.07AC SITE CLASS. LS DESIGN FLOW 360 L.T.A.R. ~.3 gpd/ft2

Septic Tank: 1000 Gallons; STB 825 Date 5-14-01
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No. Fields 1 Square Feet 1320 Linear Feet 440
No. Lines 4@110' 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: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

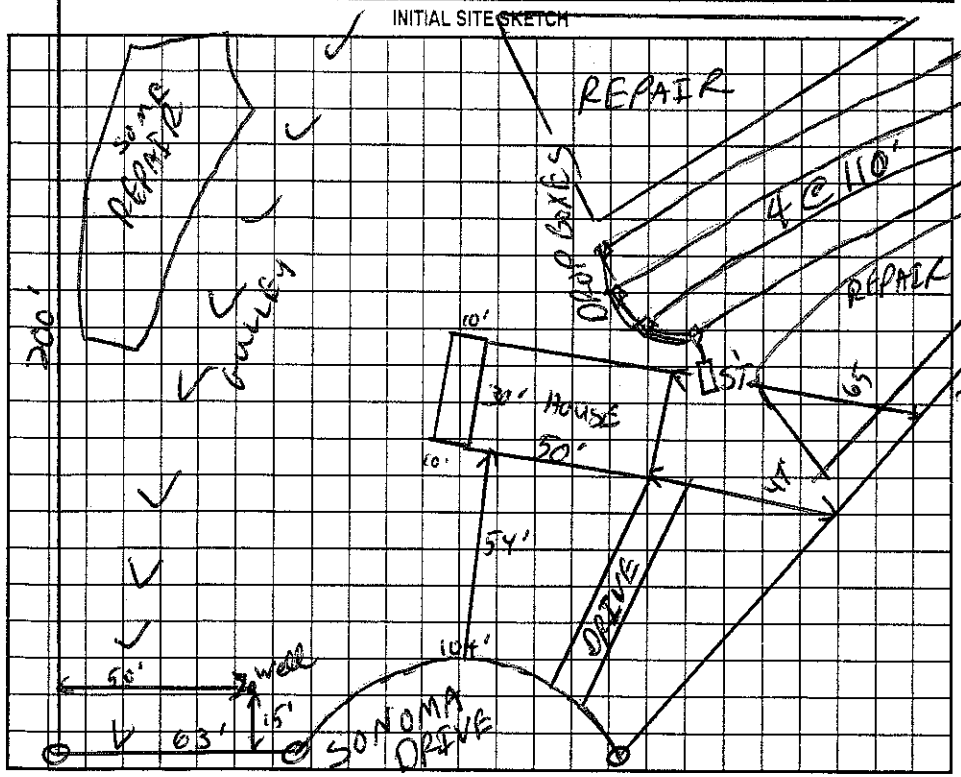
☐ House/Mod. No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

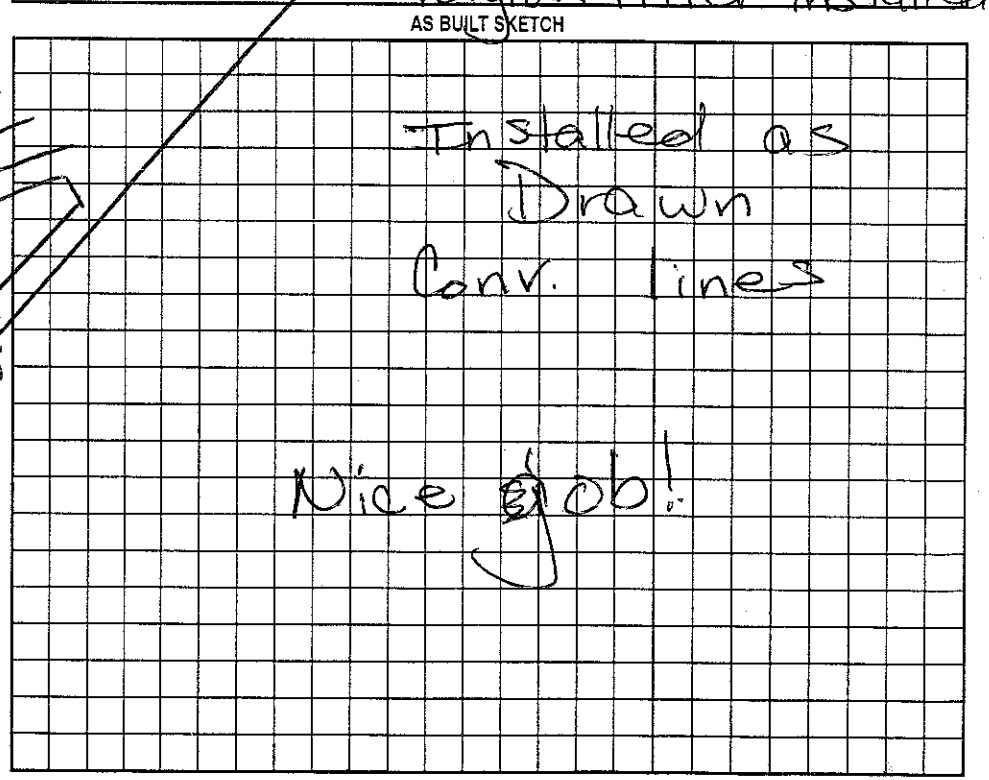
Comments:/Conditions:
1"=50'
331'

Comments:/Conditions: 1) KEEP WELL 100' FROM ANY SEPTIC SYSTEM 2) MINIMUM TRENCH BOTTOM OF 36".
Polylok Filter installed

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: Roger Overcast date

Improvement Permit by: [signature] RS date 3/15/00

Authorization to Construct by: DRHamm IRS date 8-24-01

Installed by: Upright Grading

Operation Permit by: Mahan H. Dalton date 9/18/2001

Existing System Inspection by: date

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