IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-52

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

PERMIT# 86599 PIN# ~~4760966477 PT~~ 4760951561 DATE 3/16/00

OWNER OR CONTRACTOR OVERCASH LAND & DEV./OAKWOOD HOMES PHONE: Business 528-3846 Home

ADDRESS PO BOX 3846 MOORESVILLE NC 28117

LOCATION 115 N- TR SHINNVILLE RD- TL SONOMA DRIVE - ON RT- CORNER ON NUTHATCH DRIVE

SUBDIVISION SHINNVILLE EST. BLOCK / SECTION I LOT 10 LOT AREA 1.09 AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .37 pd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 2/27/02
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: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

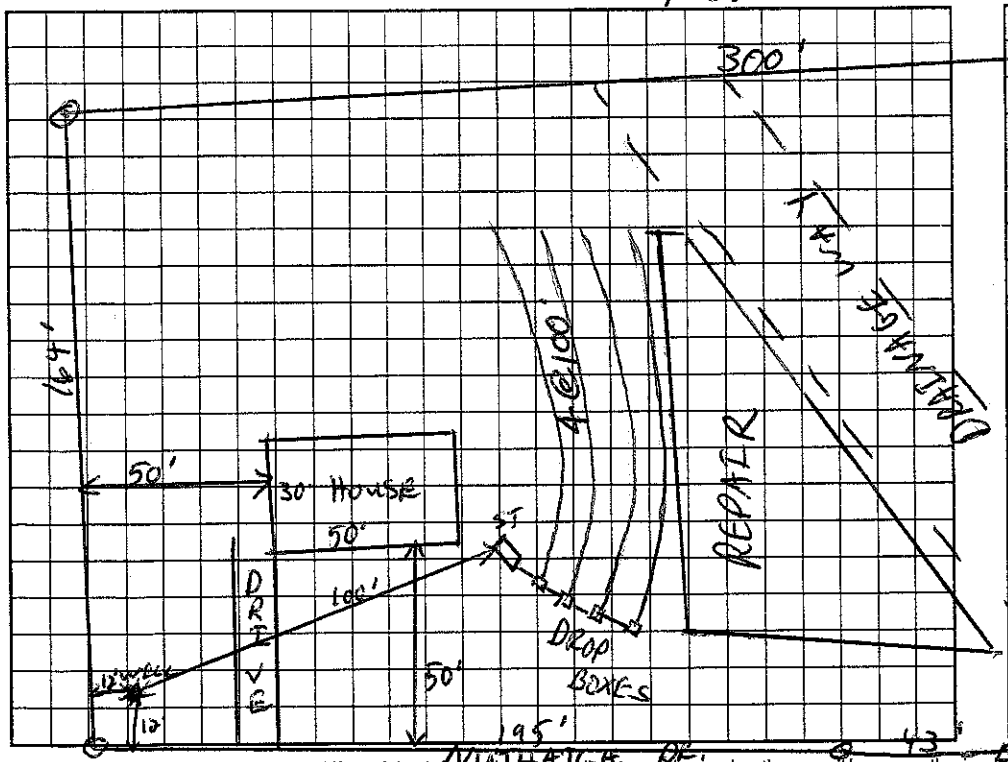
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

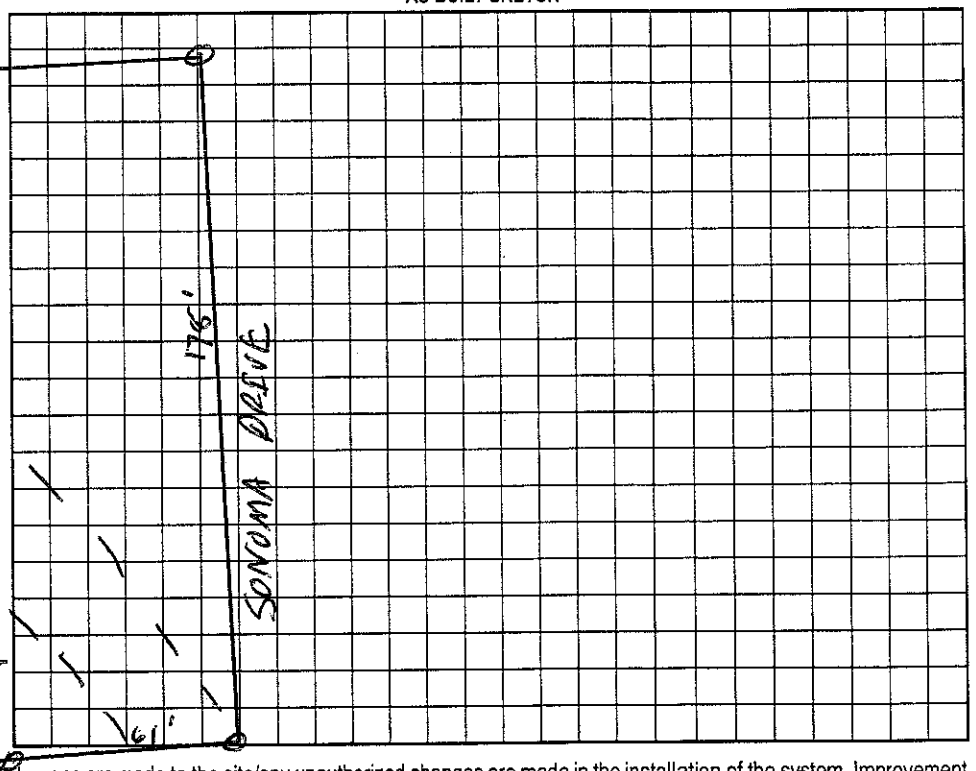
Comments:/Conditions: * KEEP WELL 100' FROM ANY SEPTIC SYSTEM.*

Comments:/Conditions:

INITIAL SITE SKETCH 1"=50'



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 Overcash date ____

Improvement Permit by: C. Ken Zen RS date 3/16/00

Authorization to Construct by: C. Ken Zen RS date 7/3/02

Installed by: Craig Thompson

Operation Permit by: [signature] RS date 7/17/02

Existing System Inspection by: ____ date ____

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