IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 112314 PIN# 4760-96-5356.29 4760 95 2738 DATE Nov 3, 03

OWNER OR CONTRACTOR Quercash Land & Development / Clayton Home PHONE: Business _____ Home _____

ADDRESS P.O. Box 3846 Mooresville, NC

LOCATION 115 N TR Shinnville Rd x Creek TR Sonoma TR Nathatch 3rd lot on right

SUBDIVISION Shinnville Estates BLOCK / SECTION II LOT 29 LOT AREA .793ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 760 Date 7-14

Pump Tank: 1000 Gallons: PT 363 Date 5-5

Pump Make: Zoeller Model 151 Serial No. _____

Nitrification Field: No Fields ___ Square Feet 900 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NK

Y3 HP

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: PM - 25% Reduction

Repair System Description: LP 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ___

☐ Other _____

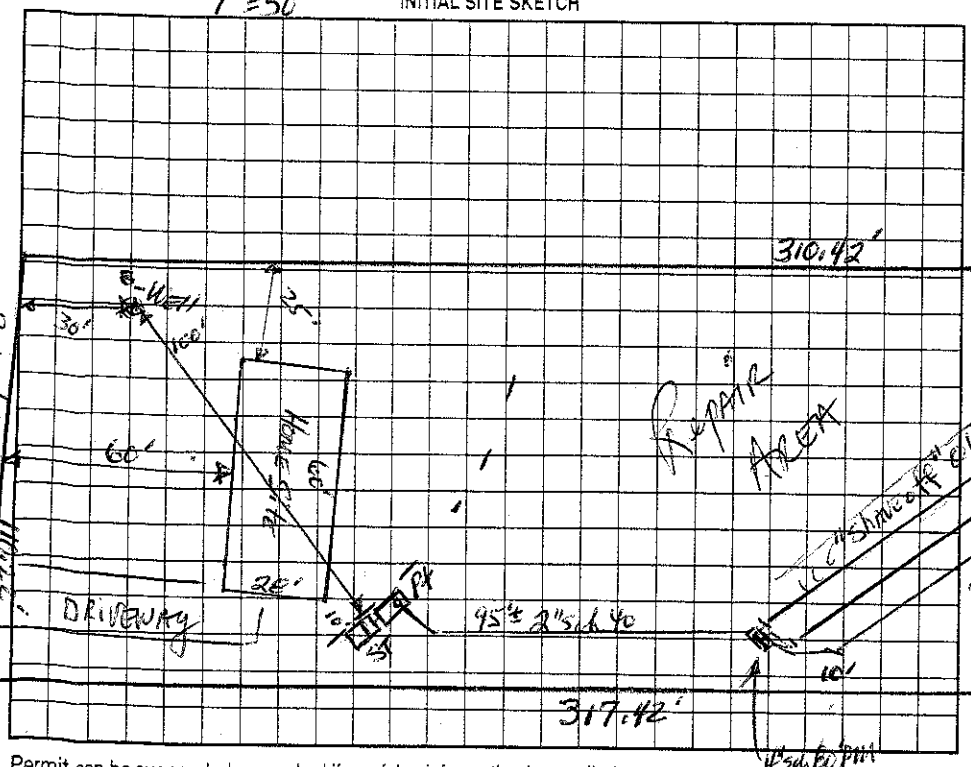
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ~~Individual~~ ☐ Public ☐ Community

Comments:/Conditions: Do Not cut/lower House site

Comments:/Conditions: 9/27/07 Reviewed floor plan essentially in Compliance with original permit.

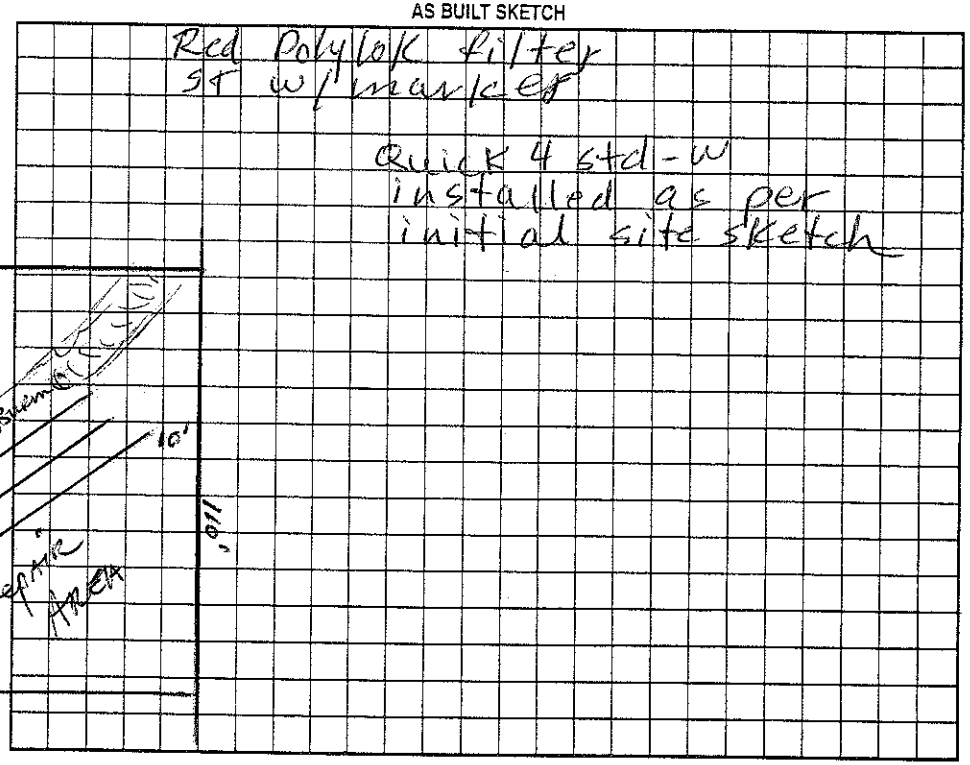
1" = 50' INITIAL SITE SKETCH



AS BUILT SKETCH

Red Poly lok filter SF w/ marker

Quick 4 std-w installed as per initial site 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: _____ date _____ Installed by: Abee's Grading

Improvement Permit by: _____ date 11-3-03 Operation Permit by: Judy Melville date 11-19-07

Authorization to Construct by: _____ date 9/27/07 Existing System Inspection by: _____ date _____

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