IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 88311 PIN# ~~4760966477 RT~~ 4760953520 DATE 3/16/00

OWNER OR CONTRACTOR OVERCASH LAND & DEV. / LUV HOMES PHONE: Business 528-2529 Home

ADDRESS PO BOX 3846 MOORESVILLE NC 28117

LOCATION 115N - TR SHINNVILLE - TL SONOMA DRIVE - 5TH ON RT

SUBDIVISION SHINNVILLE EST BLOCK / SECTION I LOT ~~3~~ 11 LOT AREA ~~2~~ 1.10AC SITE CLASS. 8 PS DESIGN FLOW 360 GPD L.T.A.R. 3 gpd/sqft

Septic Tank: 1000 Gallons; STB 744 Date 6/26/12

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 3@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAVITY INNOVATIVE

Repair System Description: PUMP SAME

Maintenance Agreement Required: ☐ Yes ☑ No

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

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

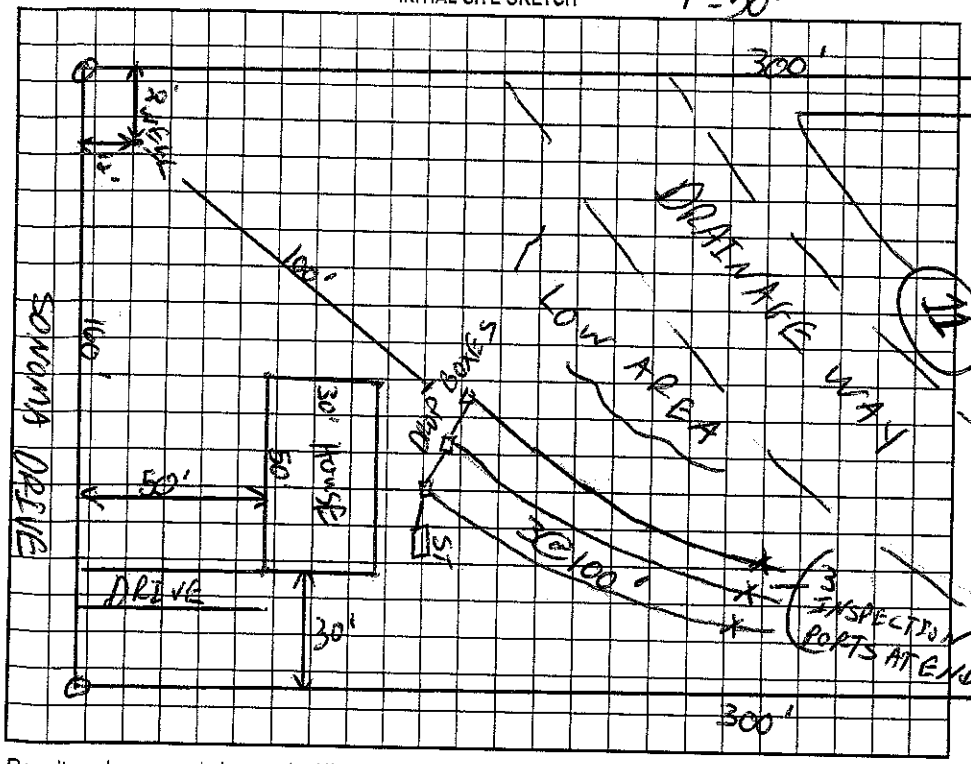
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

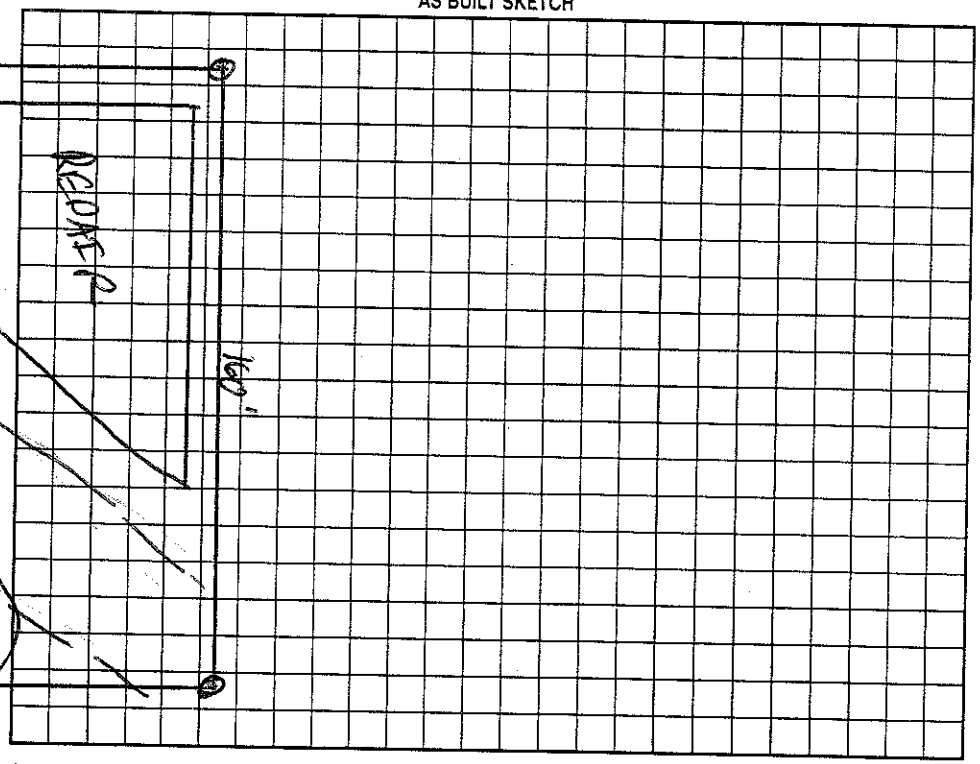
Comments:/Conditions: * KEEP WELL 100' FROM ANY SEPTIC SYSTEM.* (LOT # 11)

Comments:/Conditions: EZ LAY

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: Kaye Overcash date ____

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

Authorization to Construct by: C. Blythe RS date 8/23/02

Installed by: Andy Daniels Backhoe

Operation Permit by: Wesley Sparks R.S. date 9/4/02

Existing System Inspection by: ____ date ____

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