IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 88310 PIN# [redacted] 4760466477 PT 4760954479 DATE 3/16/00

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

ADDRESS PO BOX 3846 MOORESVILLE NC 28117

LOCATION 115 N- TR SHANNVILLE RD - TL SONOMA DRIVE - 4th LOT ON RT

SUBDIVISION SHANNVILLE ESTATES BLOCK / SECTION I LOT 12 LOT AREA 1.89AC SITE CLASS. RS DESIGN FLOW 360 GRD L.T.A.R. .3gal/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 11/18/00
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3@134 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: GRAV/PUMP SAME
Maintenance Agreement Required: ☐ Yes ☑ No

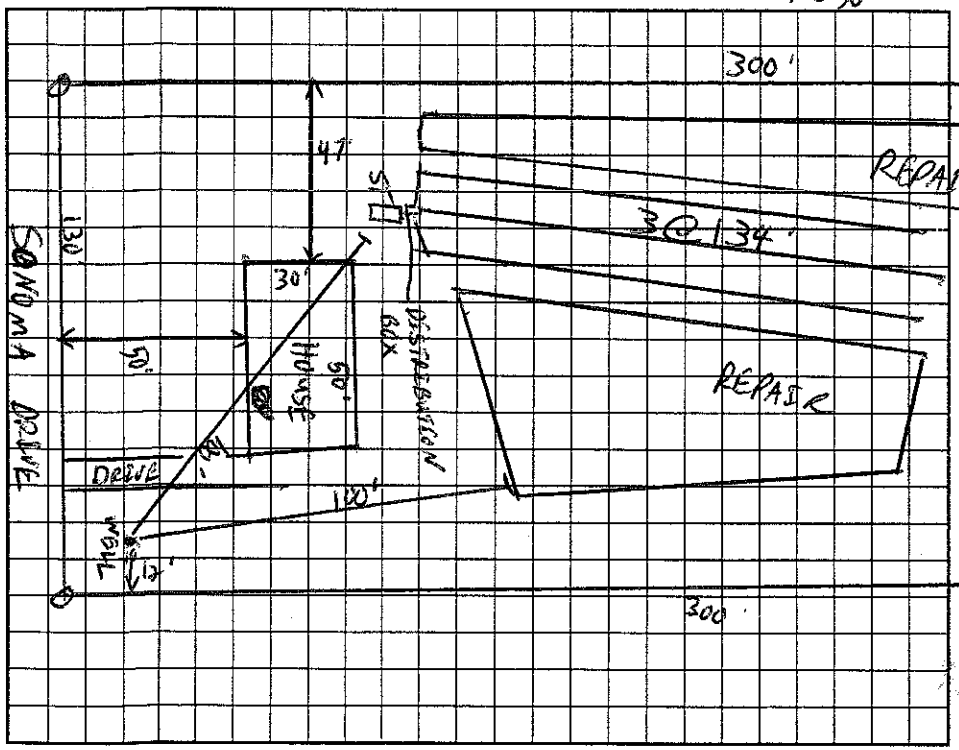
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

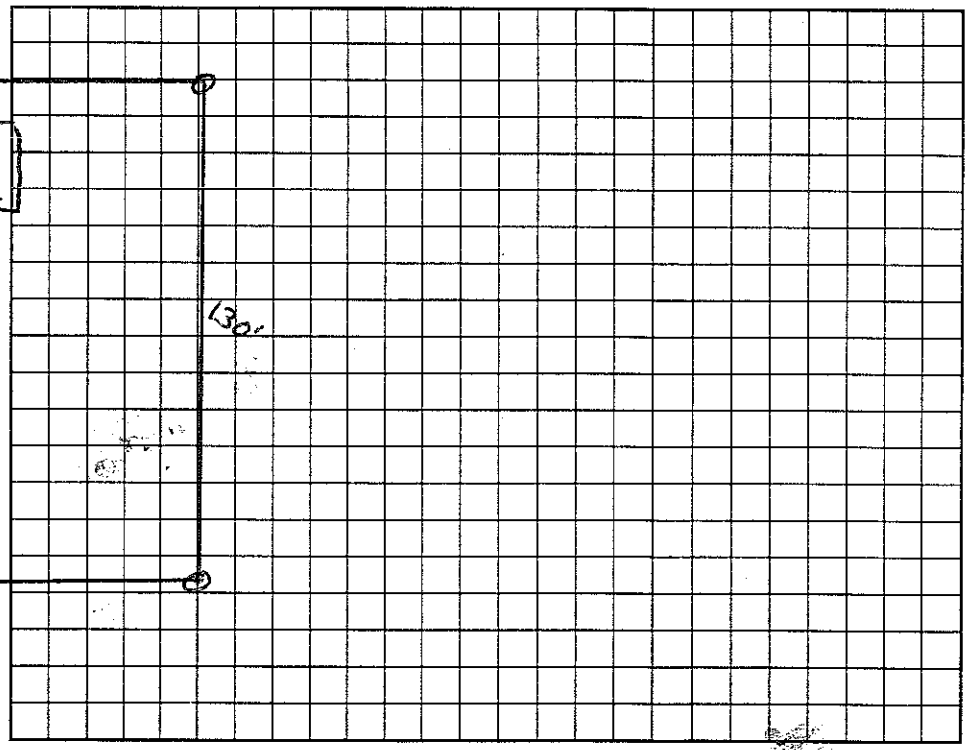
Comments:/Conditions: * KEEP WELL 100' FROM ANY SEPTIC SYSTEM. *
1) LOCATED AT HOUSE PLAN (60' HOUSE)

Comments:/Conditions: No Well 2/19/01

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. Rogers RS date 3/16/00

Authorization to Construct by: C. Rogers RS date 2/6/01

Installed by: A-1 Backhoe

Operation Permit by: Wesley Sparks RS. date 2/19/01

Existing System Inspection by: date

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