IREDELL COUNTY HEALTH DEPARTMENT

4760955722

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

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

PERMIT# 112325 PIN# 4760-96-5356.27 Statesville Housing DATE Nov 3, 03

OWNER OR CONTRACTOR Overcash Land & Development ~~Hoffman Homes~~ PHONE: Business _____ Home _____

ADDRESS P.O. Box 3846, Mooresville, N.C.

LOCATION 115 N TR Shinnville Rd. x Creek TL Seminole, TR Electra Dr. on left

SUBDIVISION Shinnville Estates BLOCK / SECTION II LOT 27 LOT AREA 1.313 Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1612 Date 8/23/04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 3@120'± Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: * Gravity 25% Reduction
Repair System Description: Gravity / LPP 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:

130' 130'

INITIAL SITE SKETCH

Comments:/Conditions:

*Home site & driveway will likely require some fill/buildup to facilitate use of gravity system.

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: _____ date _____ Installed by: C+S Grading

Improvement Permit by: _____ date 11-3-03 Operation Permit by: Wesley Sparks RS date 3/30/05

Authorization to Construct by: _____ date 6/15/04 Existing System Inspection by: _____ date _____

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