IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 88308 PIN# 4760 466477 PT 4760-95-6408 DATE 3/16/00

OWNER OR CONTRACTOR OVERCAST LAND & DEV. / Robert Weber PHONE: Business 528-2529 Home

ADDRESS PO Box 3846 Mooresville NC 28117

LOCATION 115 N - TR SHINNVILLE RD - TL SONOMA DRIVE - 3rd ON RT - CORNER OF ELECTRA

SUBDIVISION SHINNVILLE EST. BLOCK / SECTION I LOT 13 LOT AREA .89AC SITE CLASS. PS DESIGN FLOW 300 GPD L.T.A.R. 1.25 @ 1/2

Septic Tank: 1000 Gallons; STB 1012 Date 9/7/01
Pump Tank: 1000 Gallons; PT 17 Date 9/1/01
Pump Make: MYERS Model MW50-HP Serial No. 2400880A01
Nitrification Field: No Fields 1 Square Feet 1320 Linear Feet 440
No Lines 4@110' 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: PUMP INNOVATIVE
Repair System Description: LPP
Maintenance Agreement Required: ☐ Yes ☑ No

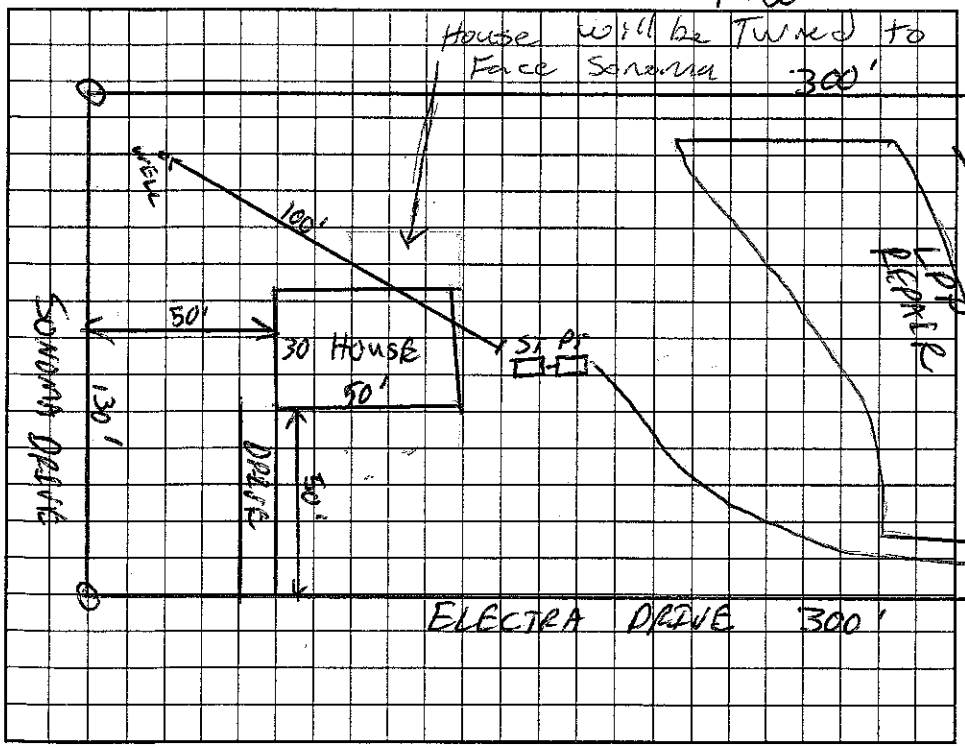
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

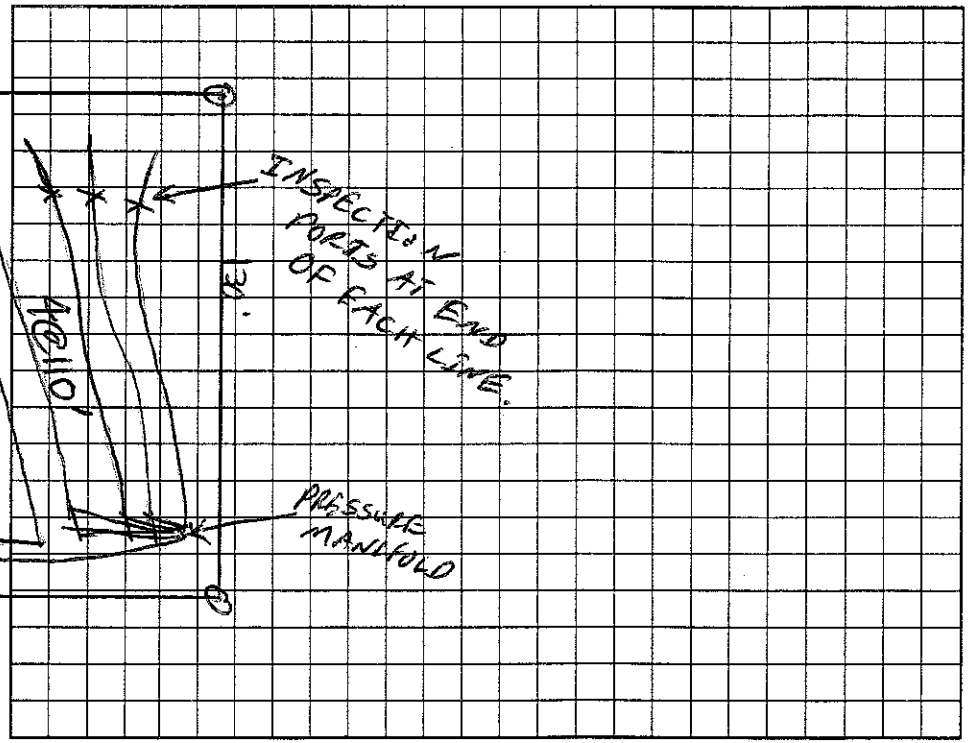
Comments:/Conditions: KEEP WELL 100' FROM ANY SEPTIC SYSTEM

Comments:/Conditions: EZ LAY INSTALLED

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: _____ date _____

Improvement Permit by: _____ RS date 3/16/00

Authorization to Construct by: _____ RS date 11/15/02

Installed by: A-1 BACKHOE

Operation Permit by: _____ RS date 11/14/03

Existing System Inspection by: _____ date _____

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