IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 112315 PIN# ~~4760-85-8866.18~~ 4760958978 DATE Nov. 13, 03

OWNER OR CONTRACTOR Overcash Land & Development / Freedom Homes PHONE: Business _____ Home _____

ADDRESS P.O. Box 3846, Mooresville, N.C. 28117

LOCATION 115, N TR Shinnville Rd X CREEK TL Sonoma TR Electra Dr. on Right

SUBDIVISION Shinnville Estates BLOCK / SECTION II LOT 18 LOT AREA .695Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .025

Septic Tank: 1000 Gallons; STB 760 Date 7/05
Pump Tank: 1000 Gallons; PT 363 Date 9/17/05
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 6 @ 80 Trench Width 36" Max Trench Bottom Depth 25" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: pm - conventional
Repair System Description: 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

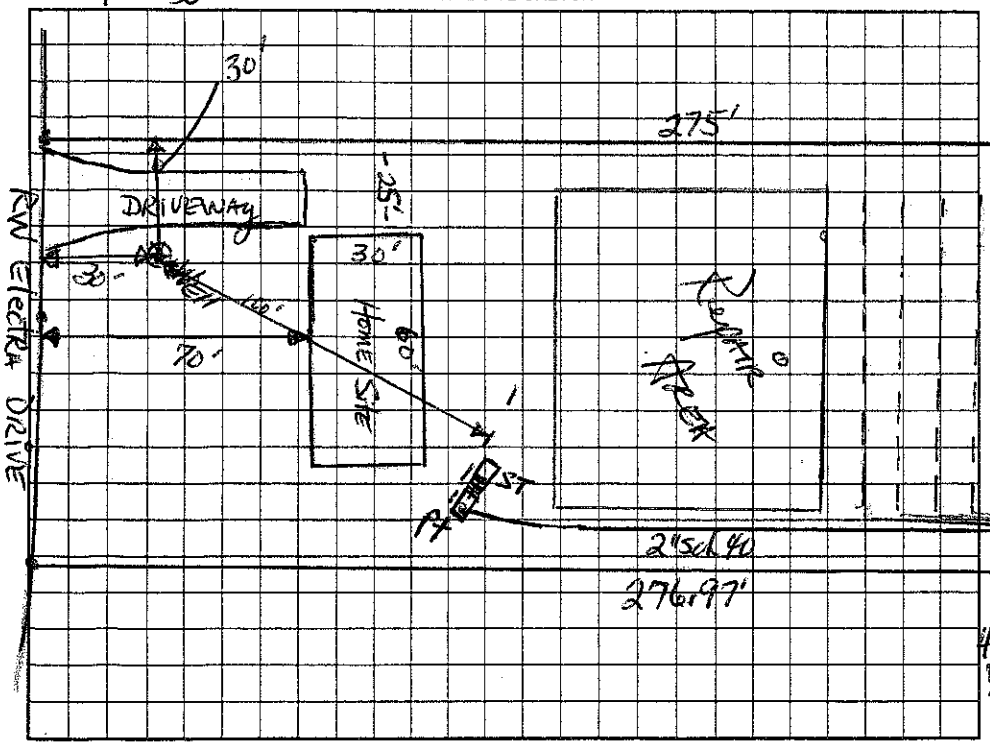
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: 11/8/05 Reviewed Building plans, essentially in Compliance with I.P.

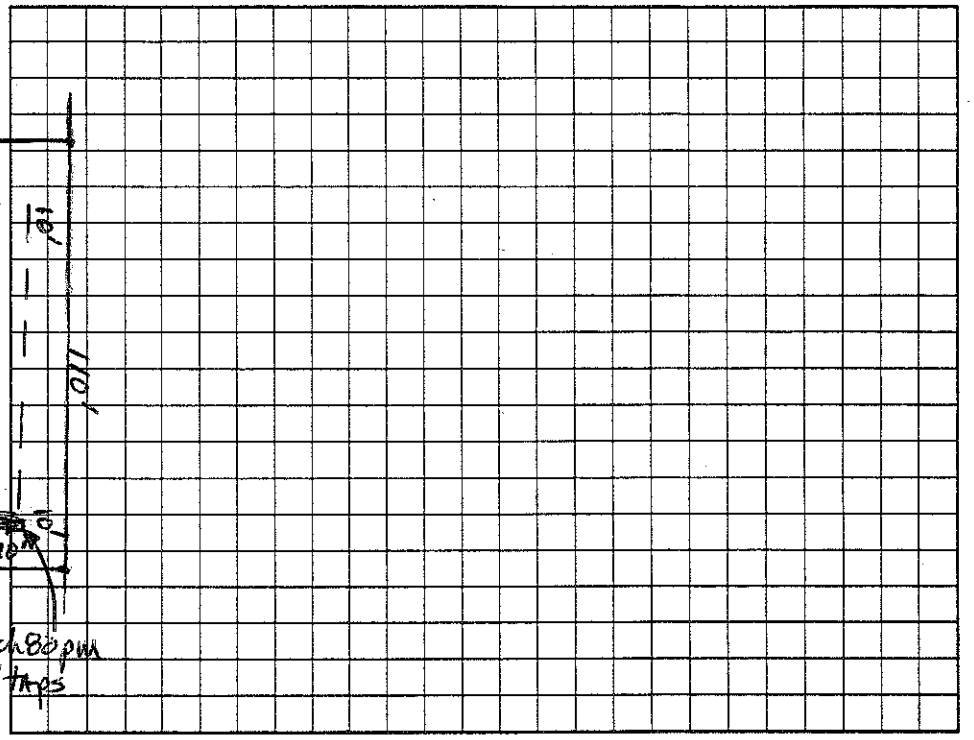
Comments:/Conditions:

1" = 50'

INITIAL SITE SKETCH



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: Poor Boy

Improvement Permit by: _____ date 11-13-03 Operation Permit by: Wesley Sparks R.S. date 12/27/05

Authorization to Construct by: Maria H Dotson date 11/8/05 Existing System Inspection by: _____ date _____

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