IREDELL COUNTY HEALTH DEPARTMENT

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

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

4100

PERMIT# 88306 PIN# 4760 96 6477 PT 4760 95 9452 DATE 3/16/00

OWNER OR CONTRACTOR OVERCASH LAND & DEV. JAMES RAMSEY Business 528-2529 Home

ADDRESS PO Box 3846 MOORESVILLE NC 28117

LOCATION 115 N - TR SHINNVILLE RD - TL SONOMA DRIVE - 1ST ON RT

SUBDIVISION SHINNVILLE EST BLOCK / SECTION I LOT 15 LOT AREA 1.45 AC SITE CLASS. PS DESIGN FLOW 300GPD L.T.A.R. .80GPD/FT2

Septic Tank: 1000 Gallons; STB 1612 Date 2/2/00

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500

No Lines 5@100' 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: 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

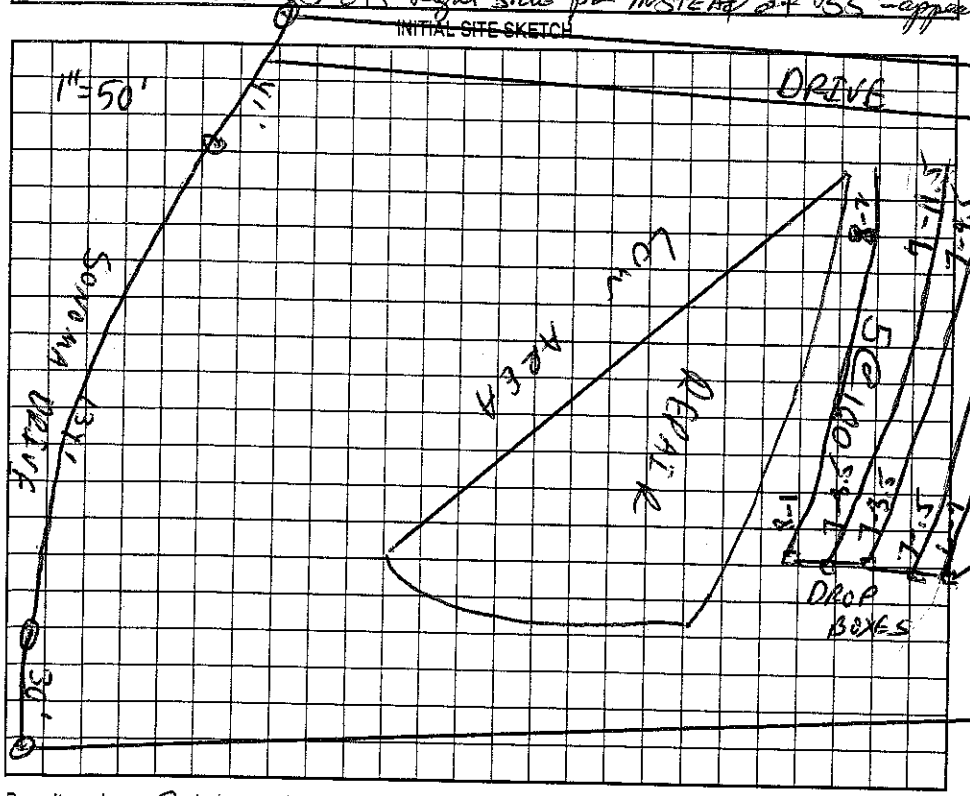
Water Supply: ☑ Individual ☐ Public ☐ Community

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

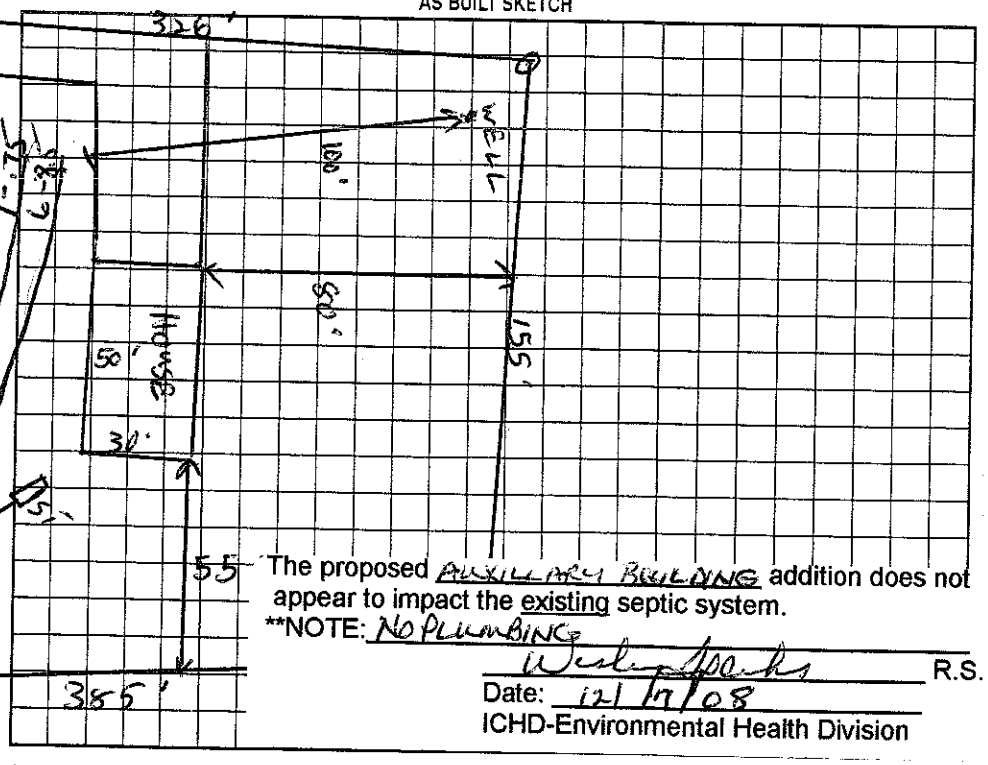
5/25/00 Reviewed floorplan - appears OK if owner/Buyer desires to locate MH 25' off Right side pl INSTEAD of 55' - appears OK

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed AUXILLARY BUILDING addition does not appear to impact the existing septic system.

**NOTE: NO PLUMBING

Wesley Sparks R.S.

Date: 12/17/08

ICHD-Environmental Health Division

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: [signature] date

Improvement Permit by: [signature] date 3/16/00

Authorization to Construct by: [signature] date 5/25/00

Installed by: Craig Thompson

Operation Permit by: Wesley Sparks R.S. date 6/9/00

Existing System Inspection by: date

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