IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 112343 PIN# ~~4760-96-5356-22~~ 4760965604 DATE Nov. 6, 03

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

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

LOCATION 115 N. TR Shinnville Rd. X Creek TL Sonoma TR Electra AT END

SUBDIVISION Shinnville Estates BLOCK / SECTION II LOT 22 LOT AREA .744 ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 11/5/05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 (centered) 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 / Same
Repair System Description: _____
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

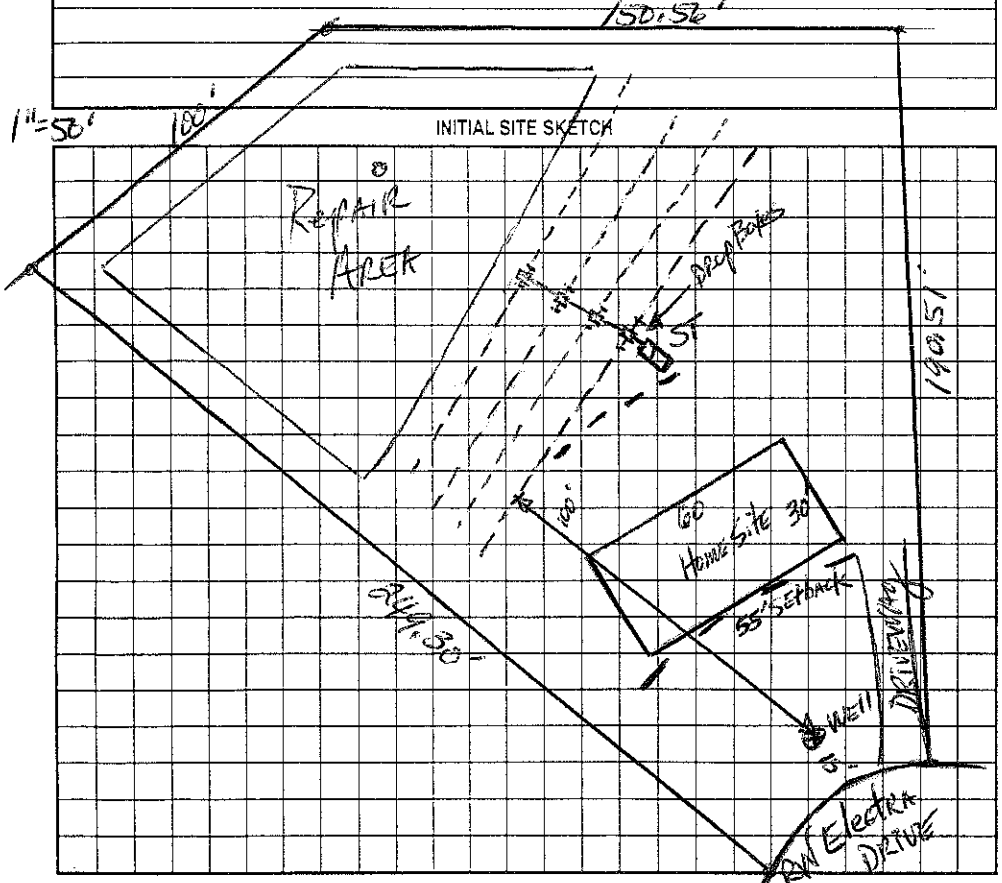
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

150.56'

INITIAL SITE SKETCH

1"=50' 100'



Comments:/Conditions:

Installed as shown on IP.

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: _____ date 11-6-03

Authorization to Construct by: _____ date 8/25/04

Installed by: Wayne Clontz - Jamie Bradley

Operation Permit by: _____ date 3/31/05

Existing System Inspection by: _____ date _____

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