IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 112327 PIN# ~~4760-85-8861~~ .19 4760968039 DATE Nov. 13, 03

OWNER OR CONTRACTOR Crescent Land & Development 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 before end

SUBDIVISION Shinnville Estates BLOCK / SECTION II LOT 19 LOT AREA .694Ac. SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1007 Date 5/9/05
Pump Tank: 1000 Gallons; PT 274 Date 5/9/05
Pump Make: Zoeller Model N-152 Serial No. 5105
Nitrification Field: No Fields ___ Square Feet 1440 Linear Feet 480
No Lines ~~6@80'~~ Trench Width 36" Max Trench Bottom Depth 30" 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 ___

Water Supply: ☑ Individual ☐ Public ☐ Community

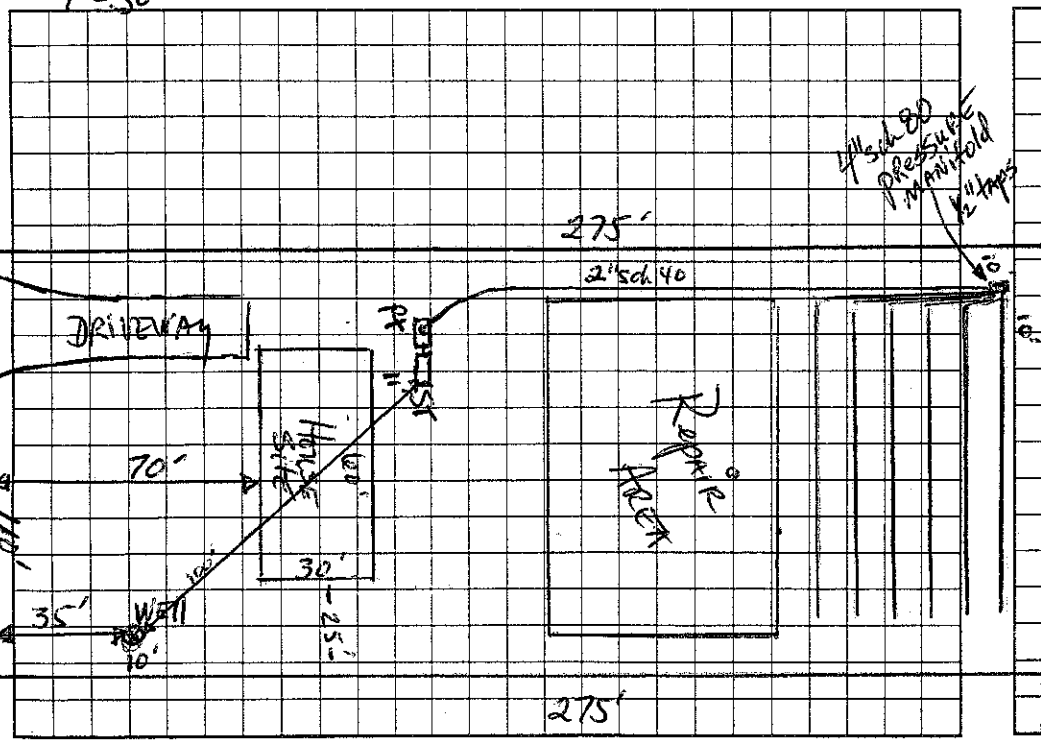
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: 4@80' x 3' Accepted System

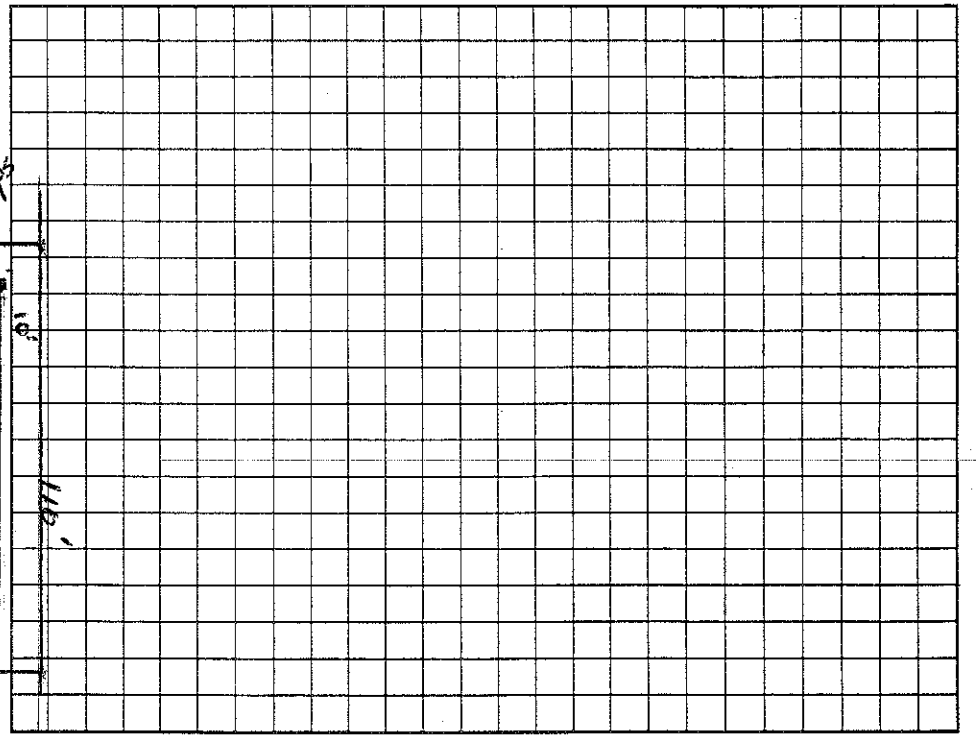
Comments:/Conditions: Installed as shown.

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH



RW Electra Dr.

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: Wayne Crowder

Improvement Permit by: _____ date 11-13-03 Operation Permit by: Wesley Sparks R.S. date 5/5/05

Authorization to Construct by: Wesley Sparks R.S. date 5/3/05 Existing System Inspection by: _____ date _____

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