IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 74803 PIN# 4766 74 4213 DATE 9-10-99

OWNER OR CONTRACTOR James Shaginaw PHONE: Business _____ Home 7048739752

ADDRESS 139 Candlestick Dr. Sta, N.C.

LOCATION Old Mocksville Rd TR Chestnut Grove TR Seven Sp Rd 1/4mi left

SUBDIVISION Seven Spr BLOCK / SECTION _____ LOT 64 LOT AREA 150'X225' SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 160 Date 2-2-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Red.
Repair System Description: Pump To 25% Red.
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth _____

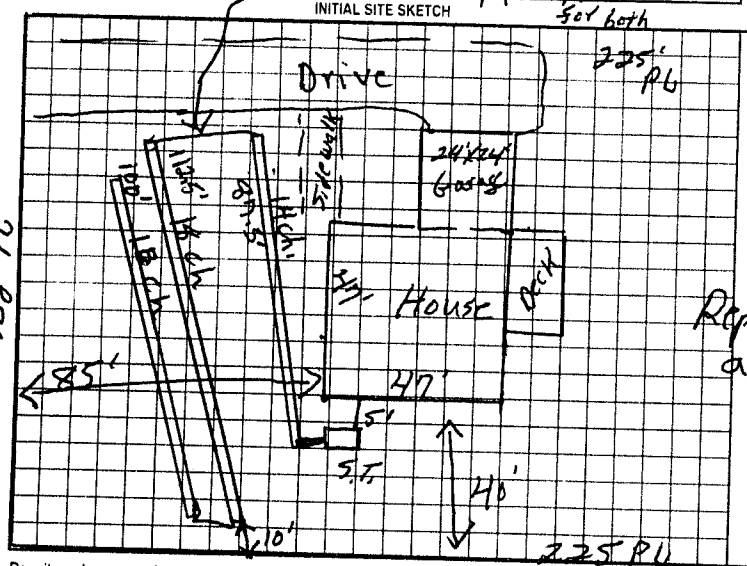
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

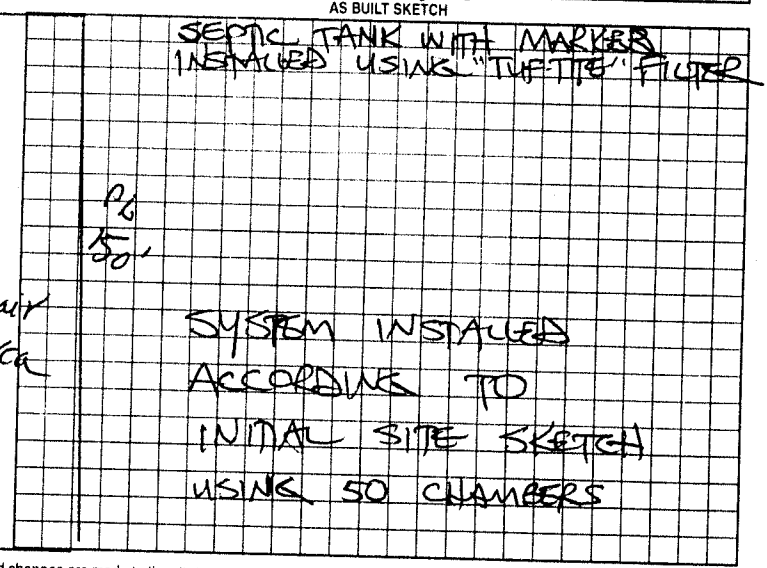
Comments/Conditions:

Comments/Conditions
Replaces Permit Issued 7-11-98 To Todd Ellis

INITIAL SITE SKETCH



AS BUILT SKETCH



50-PL

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: X Jim Shaginaw date 9/10/99 Installed by: WORKMAN'S CONSTRUCTION

Improvement Permit by: P. C. Moore date 9-10-99 Operation Permit by: STEVE HEDRICK date 3-10-00

Authorization to Construct by: P. C. Moore date 9-10-99 Existing System Inspection by: _____ date _____

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