IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 150.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 128467 PIN# ~~4770 04 9310~~ 4770 04 7906 DATE Oct. 31, 05

OWNER OR APPLICANT Kelly & Martha Shoemaker PHONE: Business _____ Home _____

ADDRESS 2480 Charlotte Hwy, Mooresville 28117

LOCATION Shinnville Road X CREEK 1/4-1/2 mile on Right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3.66 Acres SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: Existing (1000) Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 600 + Ex Linear Feet 200 + Ex

No Lines 2(Ex) + 2(New) Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA ☒ Gravity ☐ Pressure

☐ New System ☐ Repair ☒ Expansion System Type: I (II) III IV V VI

System Description: Gravity 25% Reduction (New Lines)

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons ____ No. Employees ____

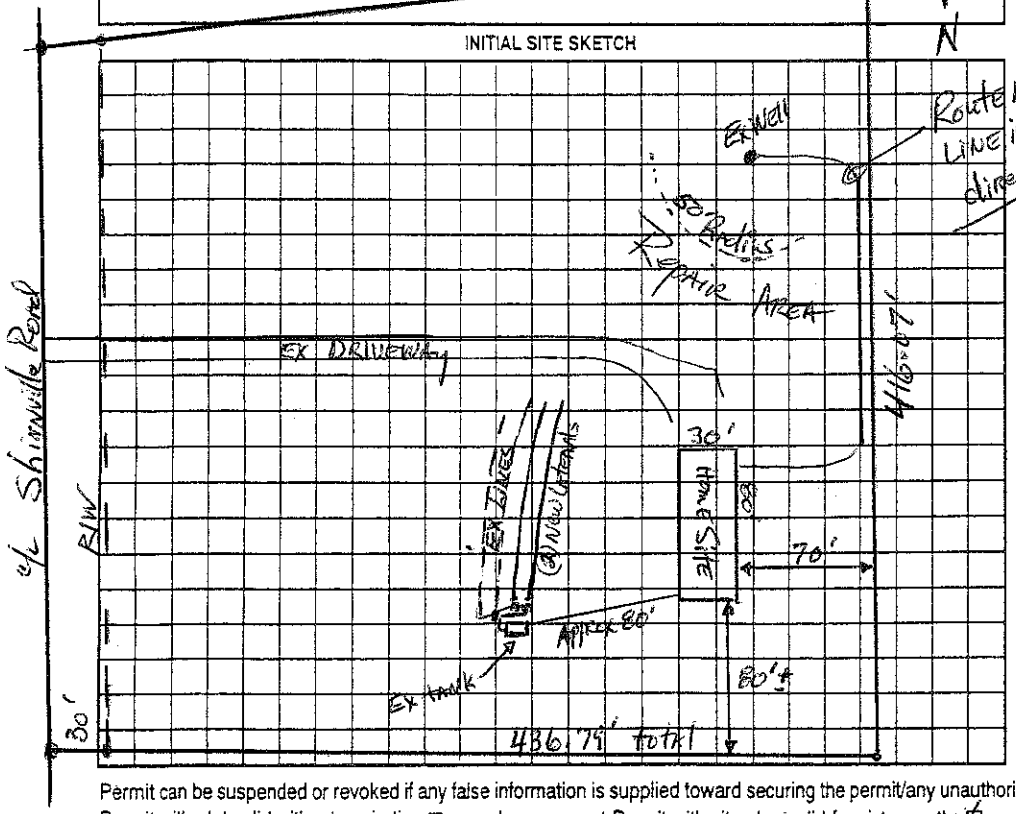
Water Supply: ☒ Individual Existing ☐ Public ☐ Community

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

Comments:/Conditions: Install 2 New Laterals upslope from original laterals. Use minimum fall from tank to New Lines. Use drop ~~Boxes~~ on New Lines and tie back in to existing D-box if salvageable.

438.82

INITIAL SITE SKETCH



AS BUILT SKETCH

Infi/Inator Quick & Installed

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: Marsha L. Chesta date 11-1-05

Improvement Permit by: _____ date 10-31-05

Authorization to Construct by: _____ date 10-31-05

Installed by: Rowan Septic

Operation Permit by: _____ RS date 4/28/06

Existing System Inspection by: _____ date _____

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