IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 88303 PIN# ~~4760 96 6477 RF~~ 4770051069 DATE 3/15/00

OWNER OR CONTRACTOR OVERCASH LAND & DEV. / Joyce Ramsey PHONE: Business 528-2529 Home

ADDRESS PO BOX 3846 MOORESVILLE NC 28117

LOCATION 115N - TR SHINVILLE RD - CORNER ON SHINVILLE & SONOMA DRIVE.

SUBDIVISION SHINVILLE EST BLOCK / SECTION I LOT 1 LOT AREA 1.33 AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. ~~.00~~ ~.25 gpd/lf

Septic Tank: 1000 ✓ Gallons; STB 1012 Date 3-3-00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 4@120' 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: GRAV/INNOVATIVE
Maintenance Agreement Required: ☐ Yes ☑ No

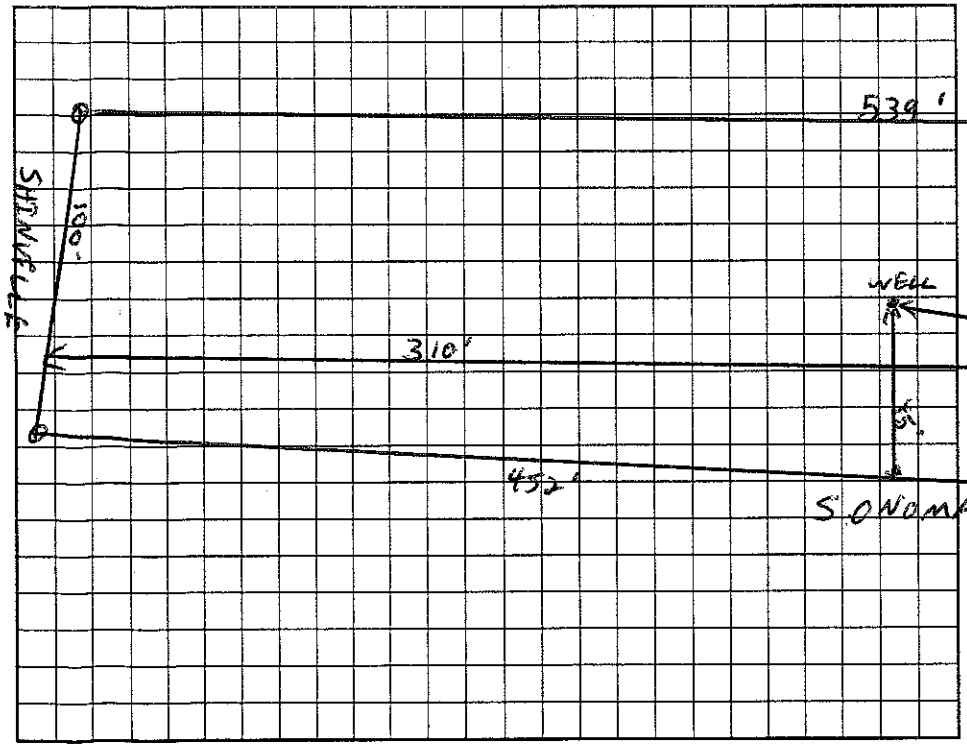
☑ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions:
5/25/00 Reviewed floor plan - looks OK - owner/buyer advised to set home 141' off street instead of 135' - appears OK

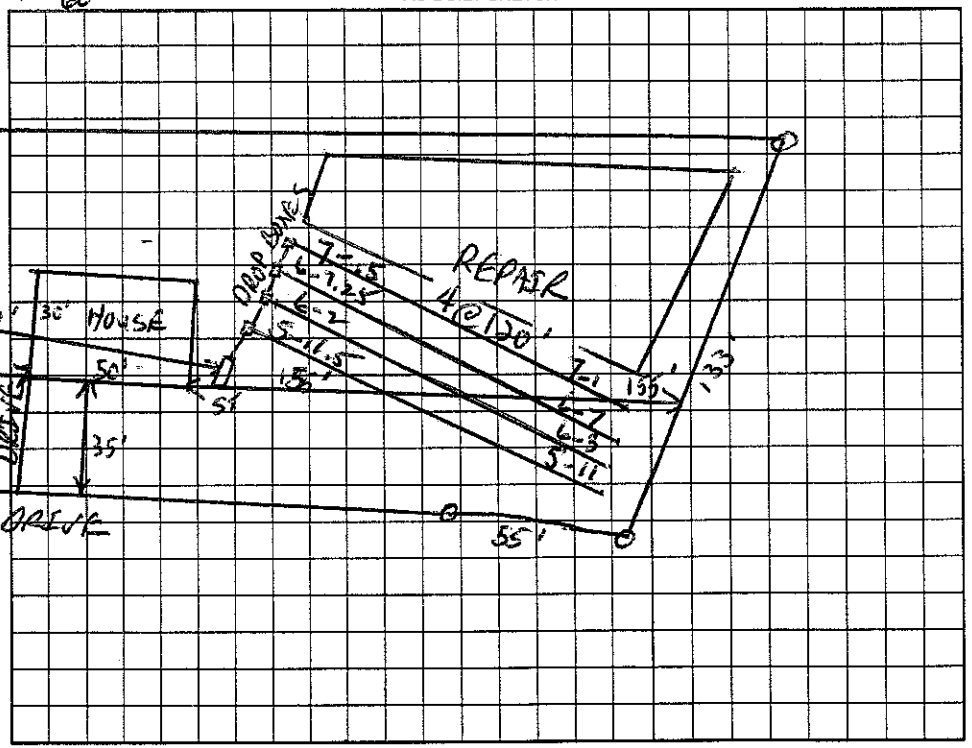
Comments/Conditions: KEEP WELL 100' FROM SEPTIC SYSTEM

INITIAL SITE SKETCH



1"=60'

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: Joyce Overcash date ____

Improvement Permit by: C. Bla[illegible] date 3/15/00

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

Installed by: Craig Thompson

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

Existing System Inspection by: ____ date ____

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