# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 123133 PIN# 4775-05-8179 DATE 8-17-04

OWNER OR CONTRACTOR KENT SHAW & SONS CONST. INC PHONE: Business 704-902-0085 Home 704-528-4421

ADDRESS 173 UPPER OAK DR, STATESVILLE NC 28625

LOCATION US 64 EAST, TL SAIN ROAD, TL SPRING FOREST DRIVE, TL HOWARD POND LOOP (1ST), LOT ON RIGHT

SUBDIVISION SPRING FOREST BLOCK / SECTION ____ LOT 61 LOT AREA 0.7106 ACRE SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.25 GAD/FT2

Septic Tank: 1000 Gallons; STB 1007 Date 5-15-05
Pump Tank: 1000 Gallons; PT 274 Date 4-11-05
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet PER TO 1920 Linear Feet 480
No Lines SIX Trench Width 36" Max Trench Bottom Depth (30") Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: 25% REDUCTION PUMP
Repair System Description: 50% REDUCTION, LOW-PRESSURE
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____

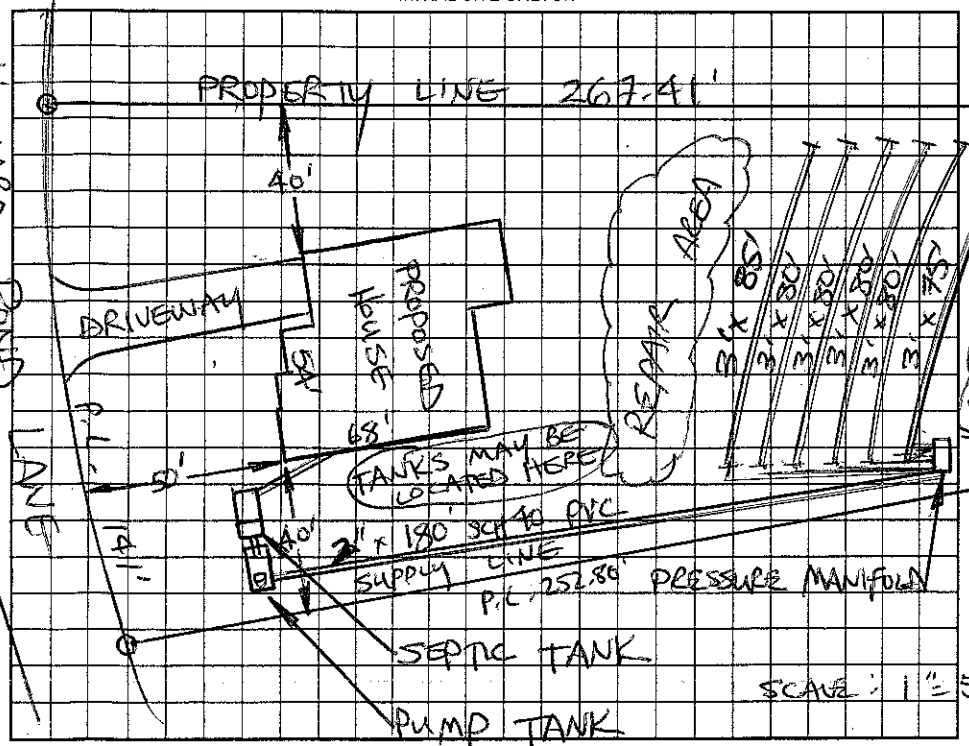
☐ Slab ☑ Crawl Space ~~☑ Basement w/plumbing~~ ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

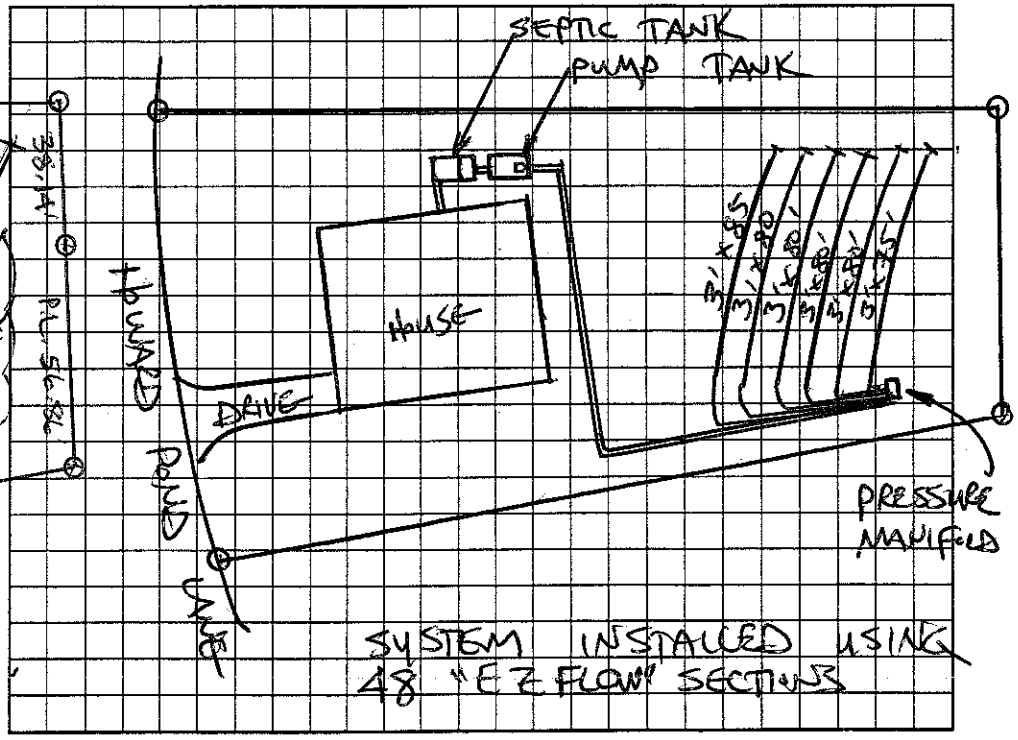
Comments/Conditions: INSTALL 25% REDUCTION SYSTEM IN SIX LINES ON CONTOUR AS SHOWN. SEE ATTACHED SHEETS FOR PUMP & PRESSURE MANIFOLD REQUIREMENTS.

Comments/Conditions: SYSTEM ALTERED AS SHOWN WITH PRIOR HEALTH DEPT. APPROVAL

INITIAL SITE SKETCH




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: [signature] date 8-17-04 Installed by: JAMES HUDLER

Improvement Permit by: STEVE HEDRICK date 8-17-04 Operation Permit by: STEVE HEDRICK date 9-2-05

Authorization to Construct by: STEVE HEDRICK date 8-17-04 Existing System Inspection by: ____ date ____

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