IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 132080 PIN# 4779363423 DATE 8-12-08

OWNER OR APPLICANT George - Patricia Shafer PHONE: Business _____ Home 846-635-1754

ADDRESS 44-water 6000 Pleasant Valley 28659

LOCATION HWY 21N to Mt Bethel, Site at Corner of Mt Bethel & Marshall

SUBDIVISION Howard Shores BLOCK / SECTION _____ LOT 6 LOT AREA 3.52 SITE CLASS. B DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 760 Date 5-17-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet 1440 Linear Feet 360

No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth NA

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 250 Gravity

Repair System Description: 250 Gravity

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☑ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

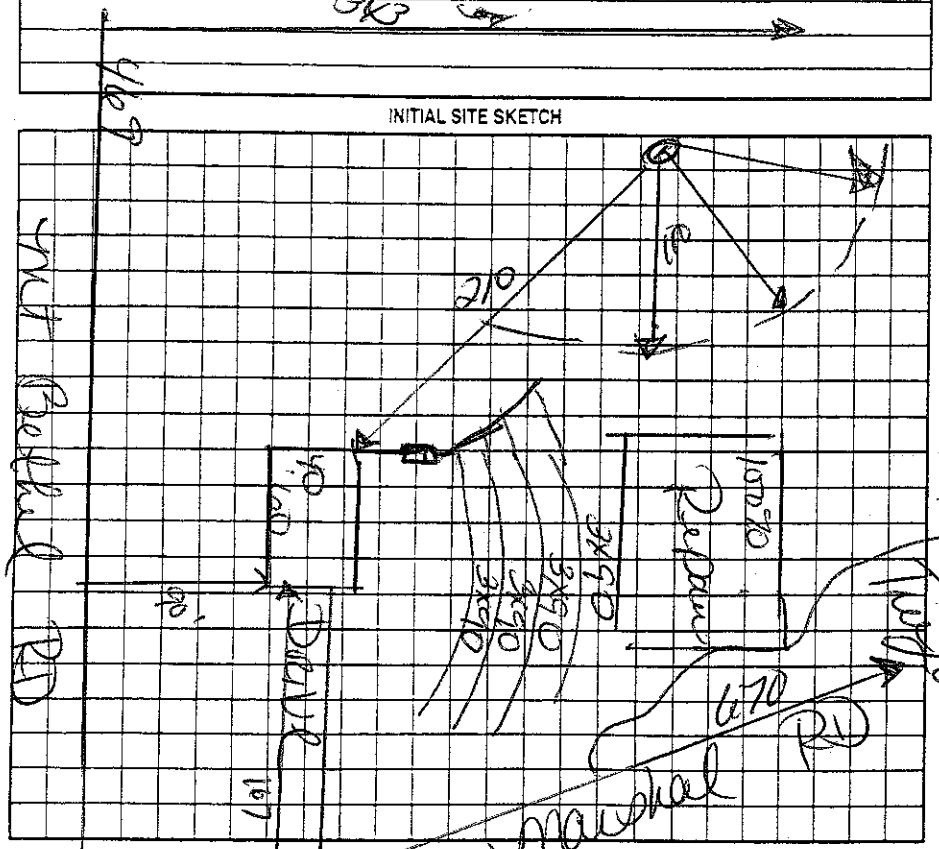
360

Comments:/Conditions:

(24" Trench)

Install on Contour

INITIAL SITE SKETCH



AS BUILT SKETCH

Maintain all setbacks

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: Three Trading

Improvement Permit by: _____ date 8-12-08 Operation Permit by: _____ date 10-16-08

Authorization to Construct by: _____ date 8-12-08 Existing System Inspection by: _____ date _____

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