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# 4779565923 DATE 8-12-08

OWNER OR APPLICANT George - Patricia Shafer PHONE: Business ______ Home 845 635-1754

ADDRESS 44-Water Road, Pleasant Valley 12569

LOCATION Hwy 21N TO Mt Bethel, Site at Corner of Mt Bethel & Marshall

SUBDIVISION ______ BLOCK / SECTION ______ LOT ______ LOT AREA 352 SITE CLASS. PS 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 (III circled)
System Description: 25% Gravity
Repair System Description: 25% Gravity
Maintenance Agreement Required: ☐ Yes ☑ No
☑ Gravity ☐ Pressure

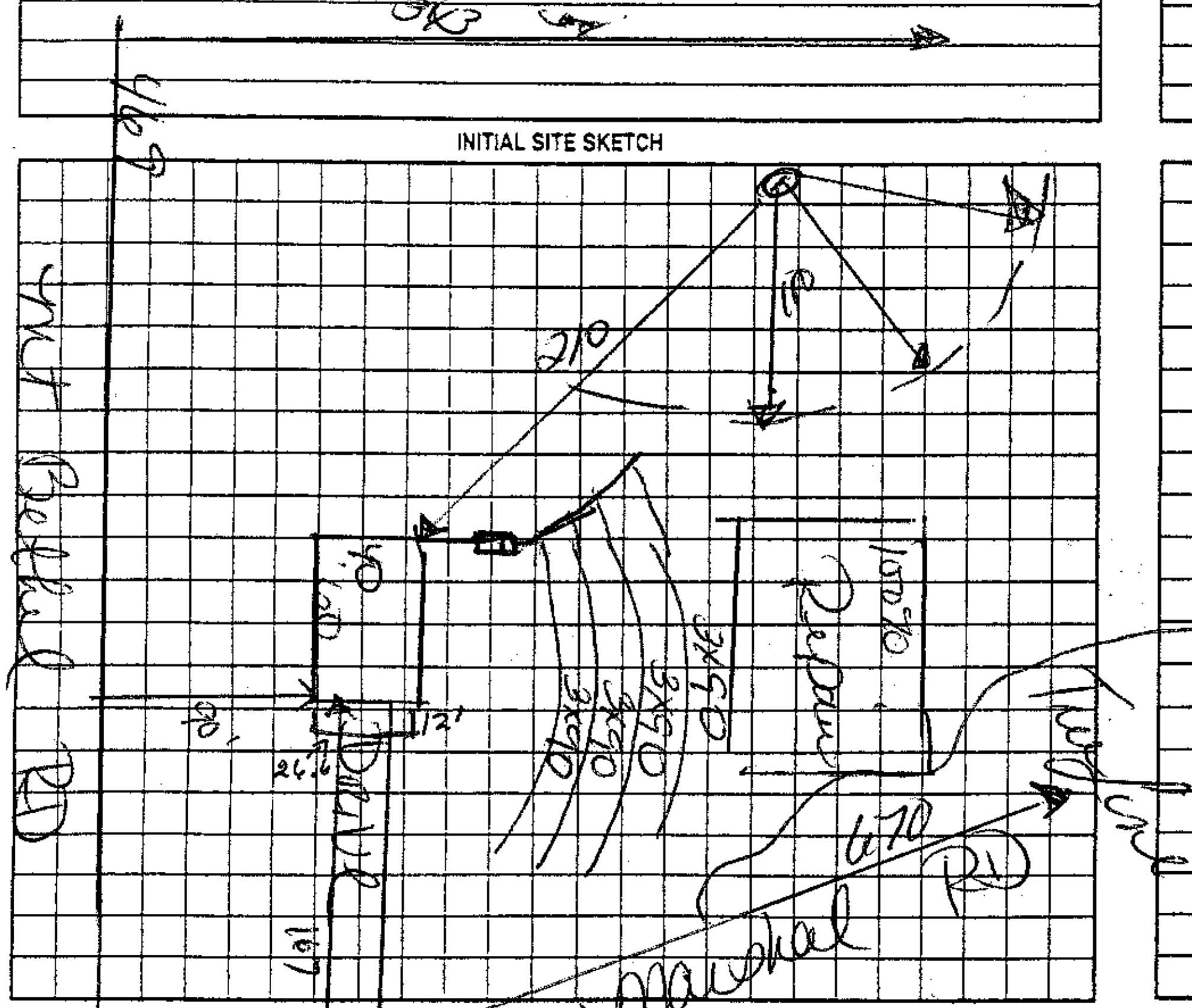
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ______
☐ Business No. Employees ______
☐ Other ______
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: OK3

Comments:/Conditions: (24" Trench) Install on Contour Maintain all setbacks

INITIAL SITE SKETCH



AS BUILT SKETCH

The proposed 12'x26-6" Porch addition does not appear to impact the existing septic system.
**NOTE: NO VISIT MADE
______ R.S.
Date: 6-15-09
ICHD-Environmental Health Division

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 ______ Installed by: Ahee Grading
Improvement Permit by: [signature] date 8-12-08 Operation Permit by: [signature] date 10-16-08
Authorization to Construct by: Riley Cox date 8-12-08 Existing System Inspection by: ______ date ______

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