IREDELL COUNTY HEALTH DEPARTMENT

CI

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

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

PERMIT# 13656 J PIN# 4779944289 57304 DATE 8-14-00

OWNER OR APPLICANT Randall H. Peeples PHONE: Business 704-872-1658 Home 704-546-2441

ADDRESS 281 Shaw RD

LOCATION 21N (R) Mt Bethel (R) Shaw (R) on Road Grade #281 House on Right

SUBDIVISION _____ BLOCK / SECTION _____ LOT 1 LOT AREA 2.253 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 13

Septic Tank: 1000 Gallons; STB 10-12 Date 8-4-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet 1200 Linear Feet 300
No Lines 2 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth _____

☑ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% Ground
Repair System Description: 25% Ground
Maintenance Agreement Required: ☐ Yes ☑ No

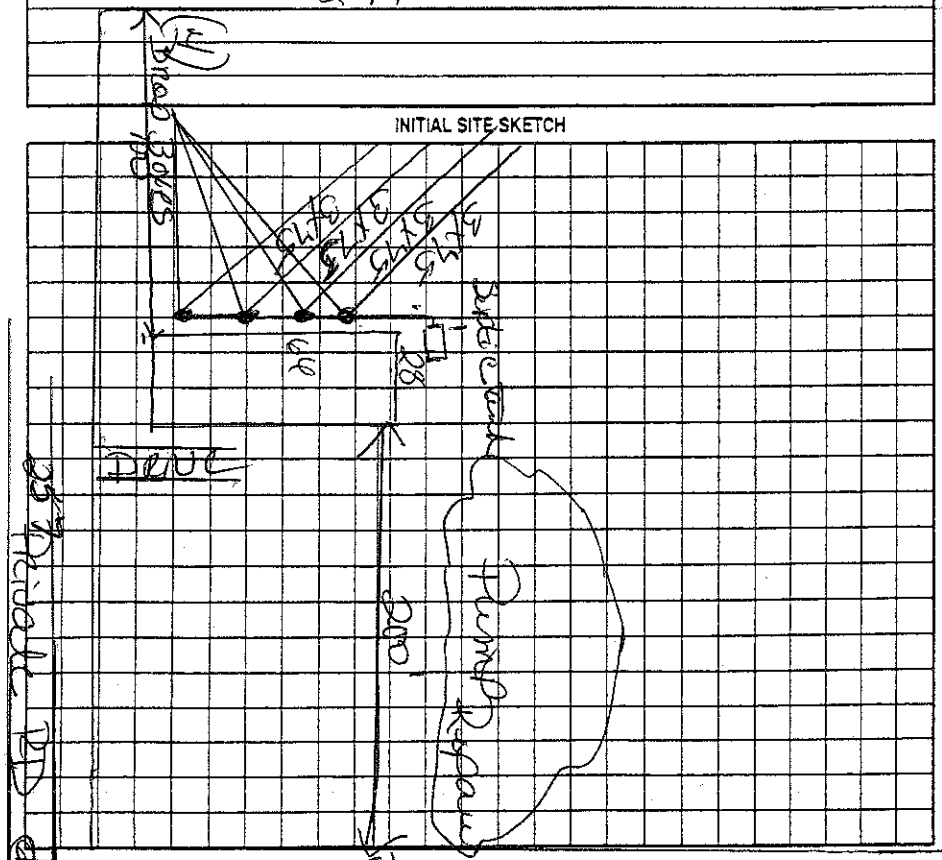
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ___
☐ Business No. Employees ___
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

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

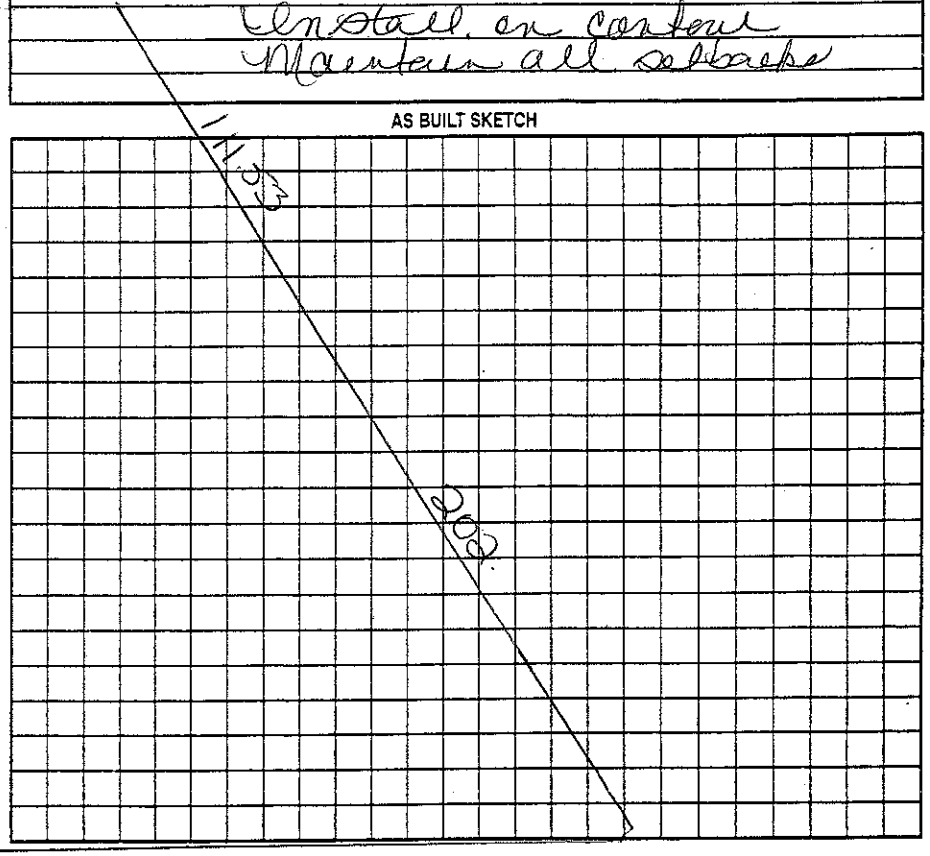
Comments:/Conditions: 279

INITIAL SITE SKETCH



Comments:/Conditions: Install on Contour
Maintain all setbacks

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: / Randy H Peeples date _____

Improvement Permit by: Lee Cook date 8-14-00

Authorization to Construct by: Lee Cook date 8-14-00

Installed by: H. Lashoe

Operation Permit by: Lee Cook date 8-21-00

Existing System Inspection by: _____ date _____

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