IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101617 PIN# 4810 85 9745 DATE 8-13-01

OWNER OR CONTRACTOR KENNY SHOEMAKER PHONE: Business _____ Home (704) 876-3706

ADDRESS 110 HANNAH ROAD, STATESVILLE NC 28625

LOCATION NC 115 N, TL DOBSON ROAD, 2ND DRIVE ON RIGHT, BACK OFF ROAD IN WOODS

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 10.10 ACRES SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 0.30 GPD/FT2

Septic Tank 1000 Gallons. STB 1012 Date 6-10-01
Pump Tank: _____ Gallons. PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270
No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: CONVENTIONAL, GRAVITY
Repair System Description: CONVENTIONAL, GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

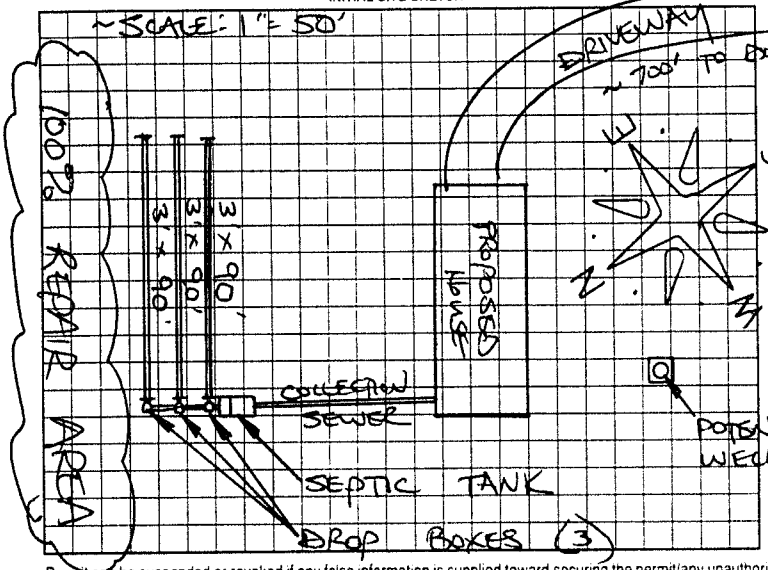
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

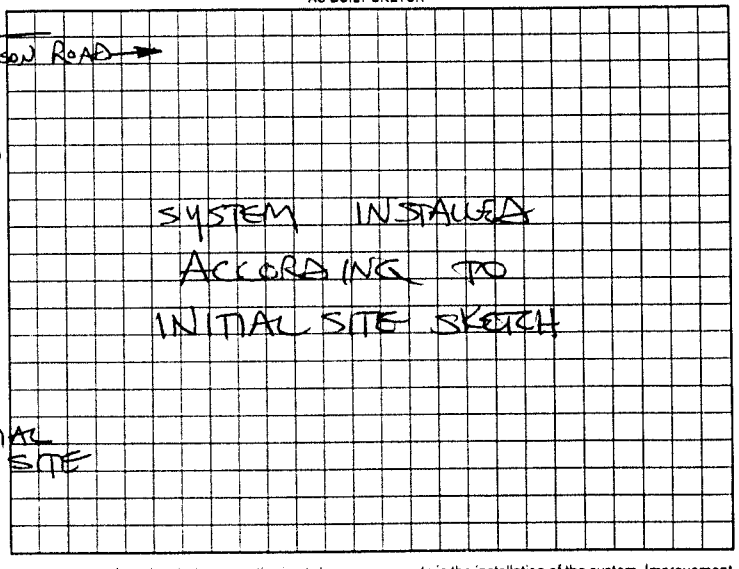
Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL.

Comments/Conditions: SEPTIC TANK W/ RISERS INSTALLED USING "POLYLOK" FILTER

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: _____ date 8-13-01 Installed by: DALE WINGER

Improvement Permit by: STEVE HEDRICK date 8-13-01 Operation Permit by: STEVE HEDRICK date 12-12-01

Authorization to Construct by: STEVE HEDRICK date 8-13-01 Existing System Inspection by: _____ date _____

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