IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122566 PIN# 4812-47-9280 5638606 DATE 9-20-04

OWNER OR CONTRACTOR WALTER SHEPHERD PHONE: Business (704) 902-9281 Home (704) 592-4816

ADDRESS 444 COOLBROOK RD. STATESVILLE NC 28625

LOCATION 115 N TL COOLBROOK RD GO ~1.2 MILES TR @ 444 COOLBROOK RD.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 34.27 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3 GPD/FT²

Septic Tank: 1000 EX Gallons: STB _____ Date _____
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 01 Square Feet _____ Linear Feet 130
No Lines 4 Trench Width 36" Max Trench Bottom Depth 30"/24" Gravel Depth 12"

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

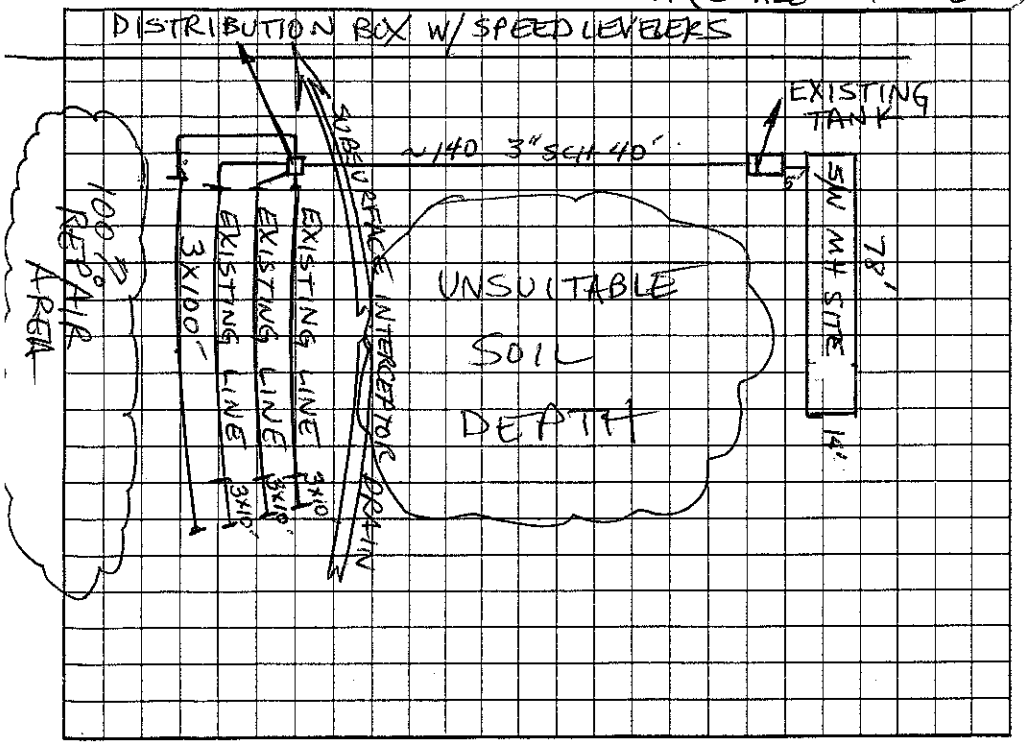
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments:/Conditions: ① INSTALL UPPER 3 LINES AT 30" ON CONTOUR
② INSTALL LAST 100' LINE AT 24" ON CONTOUR
③ UNCOVER D-BOX AND RE-LEVEL / WILL NEED TO BE REPLACED IF NOT LARGE ENOUGH FOR 4 LINES ④ MAINTAIN SETBACKS

Comments:/Conditions: ≠57 STONE / D-BOX RE-LEVELED

INITIAL SITE SKETCH ✕ (SCALE = 1" = 60')



AS BUILT SKETCH

✕ SYSTEM INSTALLED AS SHOWN

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: Walter G. Shepherd date _____

Improvement Permit by: Christopher M. Smith, RS date 9-20-04

Authorization to Construct by: Christopher M. Smith, RS date 11-24-04

Installed by: JAMES HUDLER

Operation Permit by: Christopher M. Smith, RS, LSS date 1-4-05

Existing System Inspection by: _____ date _____

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