IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 20626

PIN # 4832689300

APPLICANT: Jennifer Shumaker APPLICANT ADDRESS: 192 Waterfall Ln.

SITE ADDRESS: 280 Dowell Rd. PHONE: 704-539-5510 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 115 N TR Prospect TL Myers Mill TR Dowell Rd.

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 41.938 acres DESIGN FLOW: 360gal L.T.A.R.: 0.275

Septic Tank	1000 (gal)	STB	760	Date	6-7-14
Pump Tank	N/A (gal)	PT	N/A	Date	N/A
Pump Make	N/A	Model	Poly 66	Serial #	PL-68
# Nitrification Fields	1	# Lines	3	Linear Ft:	328
Trench Width	36"	Max. Trench Bottom Depth	31"	Gravel Depth	N/A

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

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

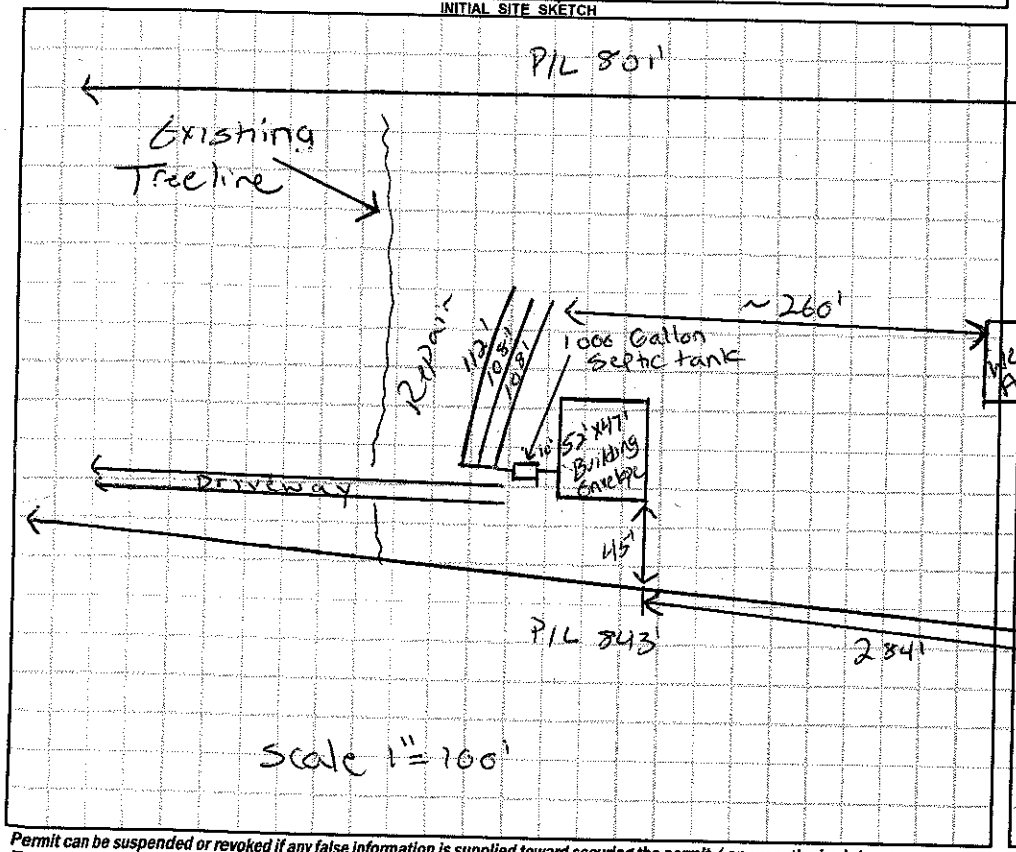
No. Bedrooms 3 No. Persons 6 No. Employees ____

☑ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

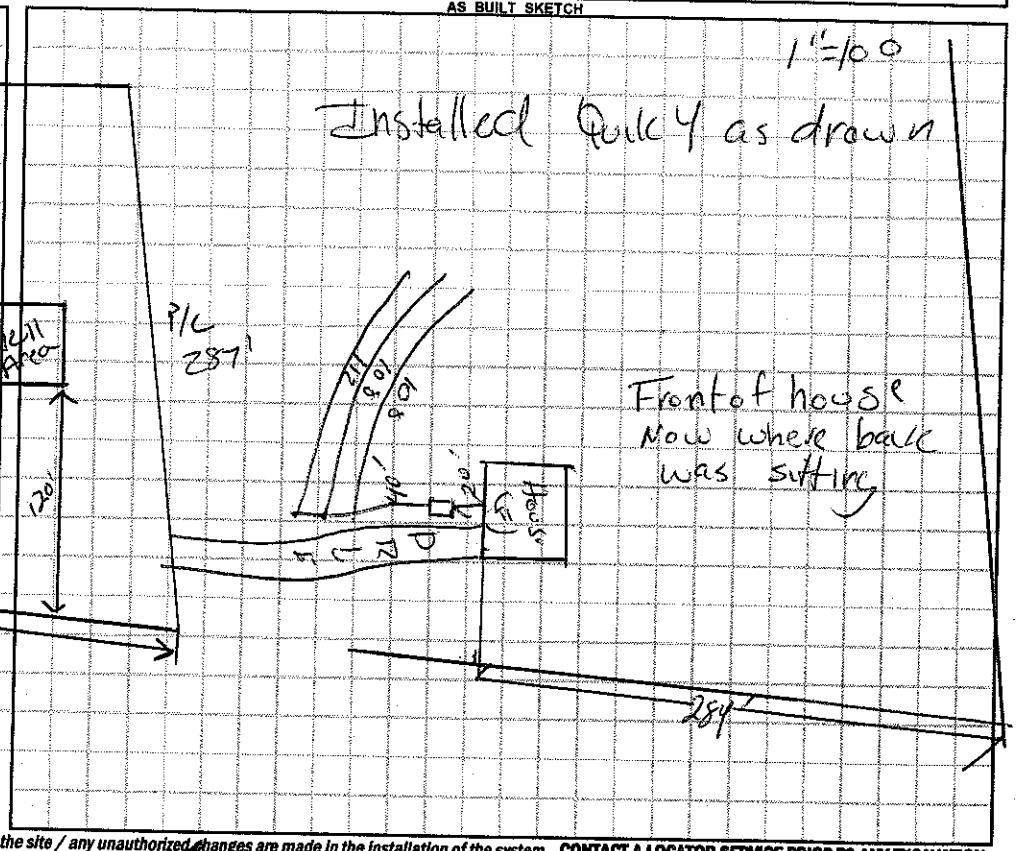
Comments / Conditions: Improvements only: Subdivide Property & record prior to issuance of CA / Install a 25% Reduction system on contour with serial distribution.

INITIAL SITE SKETCH



Scale 1"=100'

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Jennifer M Shumaker Date: 8/1/14 Installed by: Gunter Grading

IMPROVEMENT PERMIT by: Justin Henderson Date: 5-6-14 OPERATION PERMIT by: [signature] Date: 09/24/14

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 7-17-14 Existing System Inspected by: ____ Date: ____

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK