IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139812 PIN# 3783-99-~~5893~~ 8903 DATE 11 January 07

OWNER OR APPLICANT Dean Richon / Southern Land Works PHONE: Business 704-881-1741 Home 704-876-1080

ADDRESS 125 Greenfield Drive West Statesville, N.C.

LOCATION 162 Falling Creek Drive /

SUBDIVISION Sharon Trace BLOCK / SECTION 2 LOT 22 LOT AREA 1.087 Ac. SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. 0.3 / FIELD

Septic Tank: 1000 Gallons; STB 1012 Date 2-26-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet = 1200 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☑ 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

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

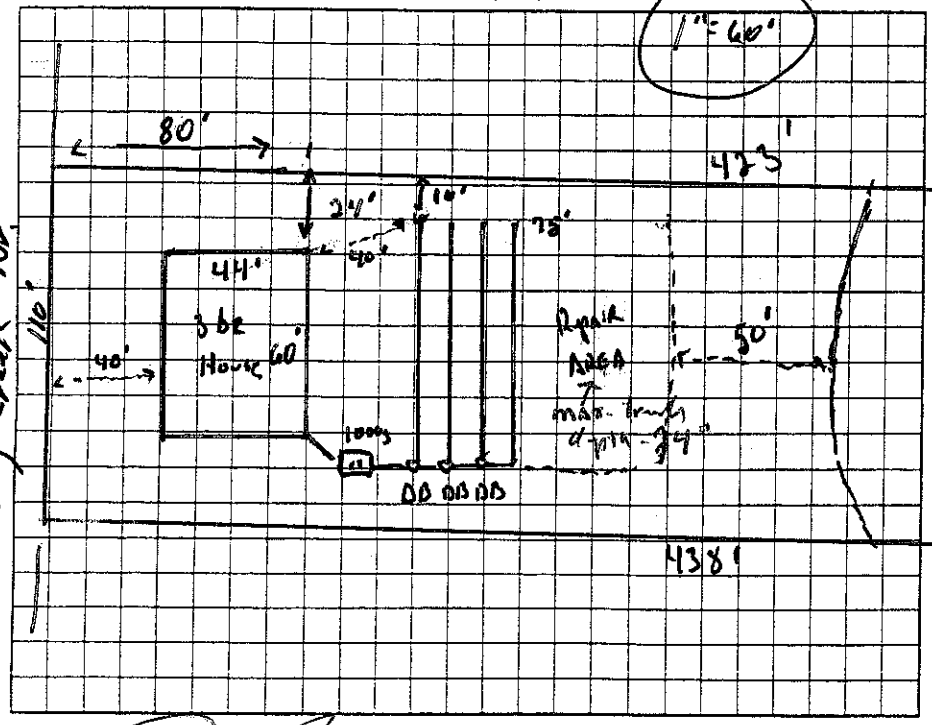
Water Supply: ☐ Individual ☑ Public ☐ Community

Gravel Depth N/A ☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

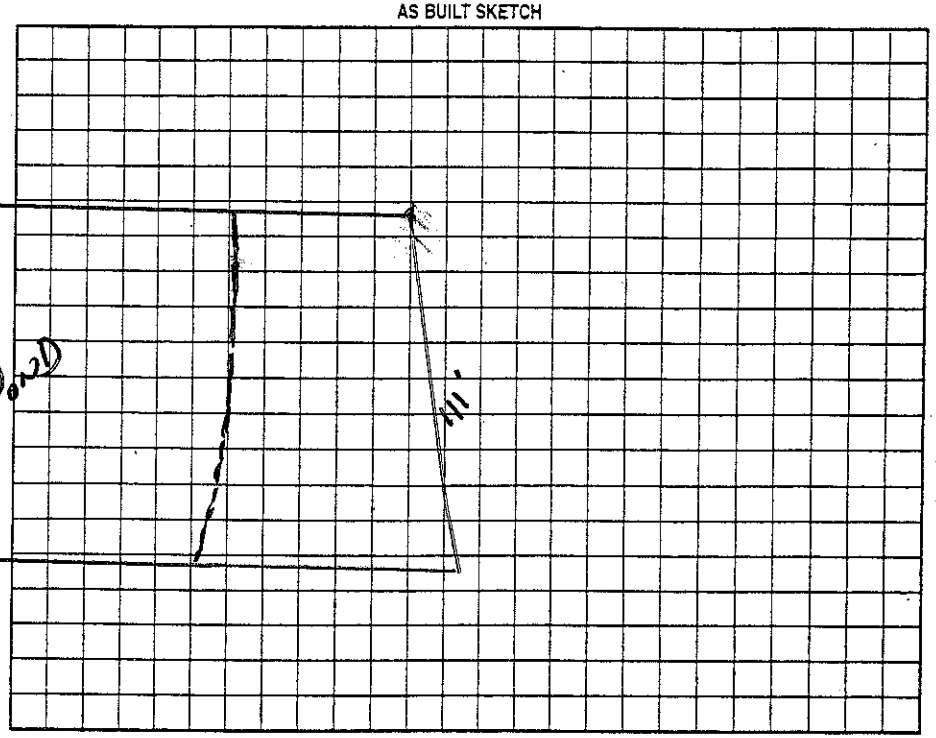
Comments:/Conditions: Follow contour / use 3 drop-boxes /

Comments:/Conditions: Yellow 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 2-12-07 Installed by: Dean Richon

Improvement Permit by: Dan Huggins, R.S. date 11 Jan. 07 Operation Permit by: _____ date 8-15-07

Authorization to Construct by: Dan Huggins, R.S. date 11 Jan. 07 Existing System Inspection by: _____ date _____

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