C1

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13254C PIN# 3793092187 DATE 12-27-05

OWNER OR CONTRACTOR Southern Development Inc PHONE: Business _____ Home 704-876-1086

ADDRESS 125 Statesville NC 28625

LOCATION I-40 (W) → Sharon School (TR) 1 mile take right after fence before red barn

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1 AC SITE CLASS. PS DESIGN FLOW 300 L.T.A.R. 13

Septic Tank: 1000 Gallons; STB TP 1013-1000 Date 3-7-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1200 Linear Feet 300

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

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

System Description: 25% graywater

Repair System Description: 25% graywater

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

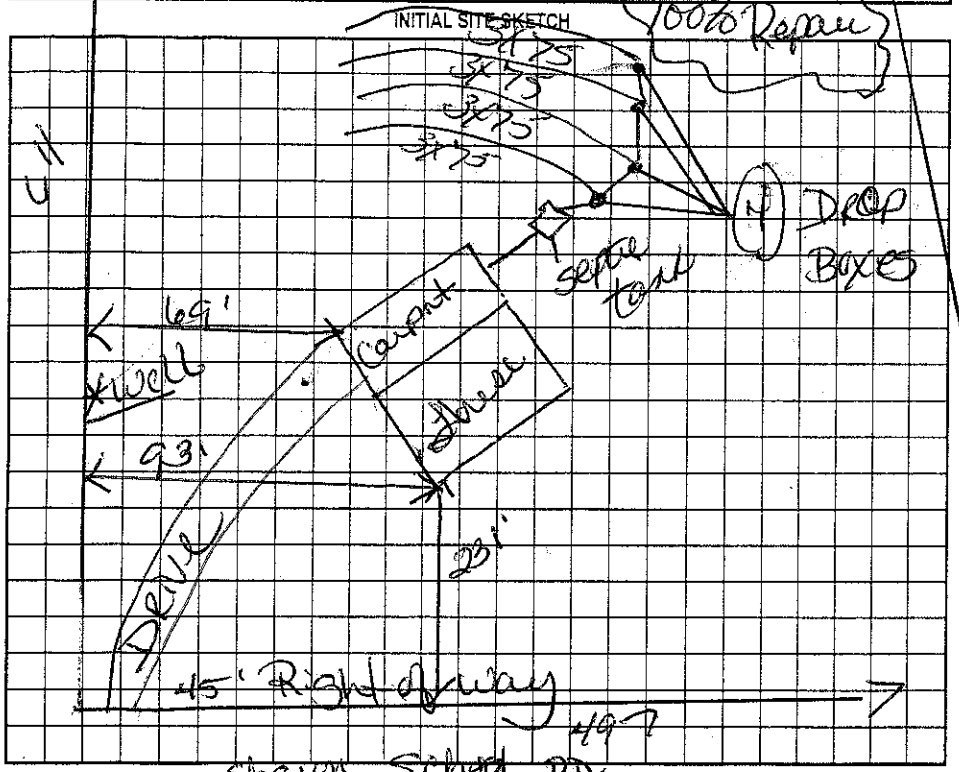
Comments:/Conditions:

(N/A to scale)

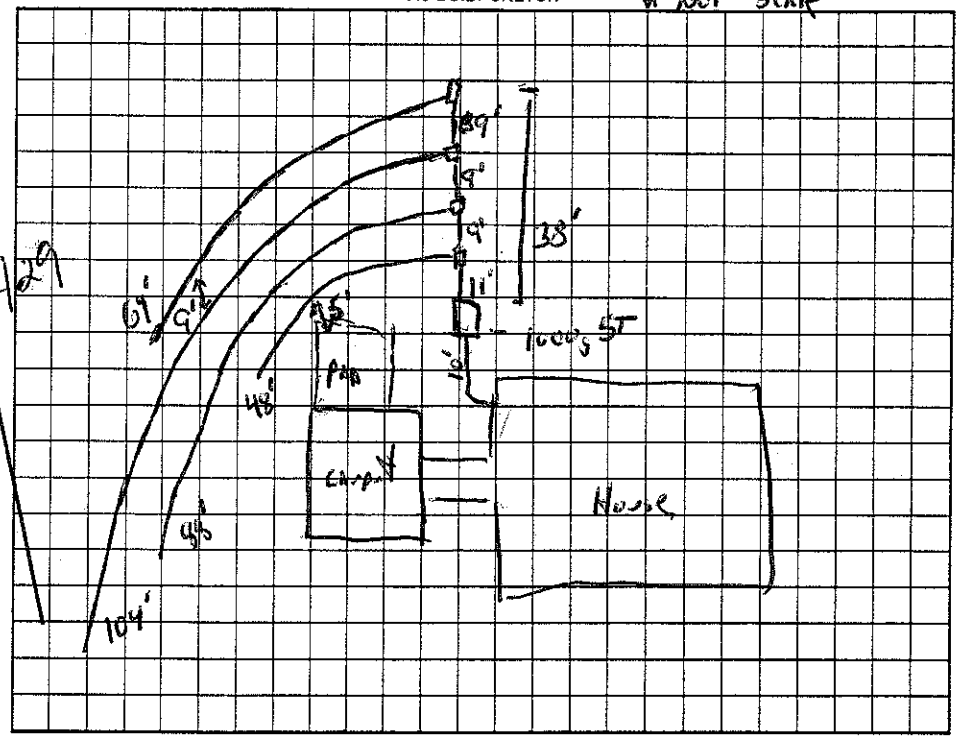
Comments:/Conditions:

Install on Contour
Maintain all setbacks
* Tuff-Tight EH4 Filter

INITIAL SITE SKETCH



AS BUILT SKETCH * not scale



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 _____ Installed by: Forest Shuford

Improvement Permit by: Kelly Cook date 12-27-05 Operation Permit by: _____ R.S. date 21 September 06

Authorization to Construct by: Kelly Cook date 12-27-05 Existing System Inspection by: _____ date _____

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