IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 114083 PIN# 3743-96-~~0898~~ 3815 DATE 7-21-03

OWNER OR CONTRACTOR DEAN RICHON PHONE: Business Home 704-876-1080

ADDRESS 105 GOLDLEAF LANE, STATESVILLE, NC 28677

LOCATION I-40 W, TL OLD MTN. RD, TR BEULAH ROAD, CONTINUE MOCK MILL ROAD, TR GOLD LEAF LANE, 2ND LOT on LEFT

SUBDIVISION GOLD LEAF BLOCK / SECTION LOT 11 LOT AREA LIMITED SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 6-23-03
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet EQ. TO 1440 Linear Feet 360
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 25% REDUCTION, GRAVITY
Repair System Description: 50% REDUCTION, PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

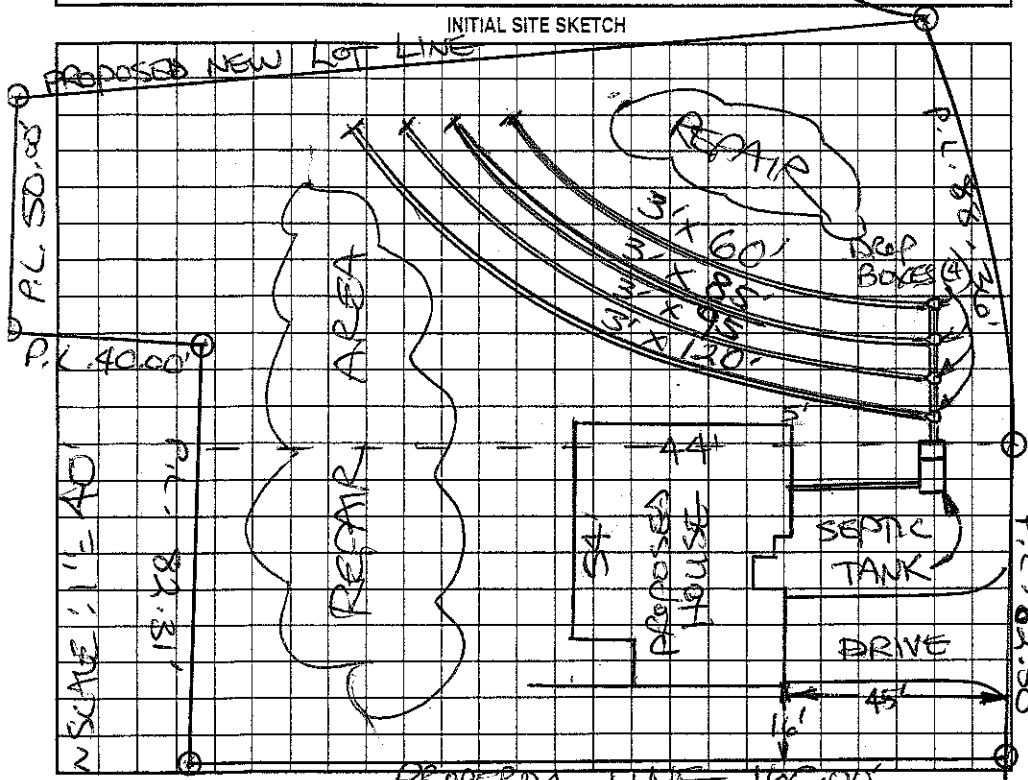
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

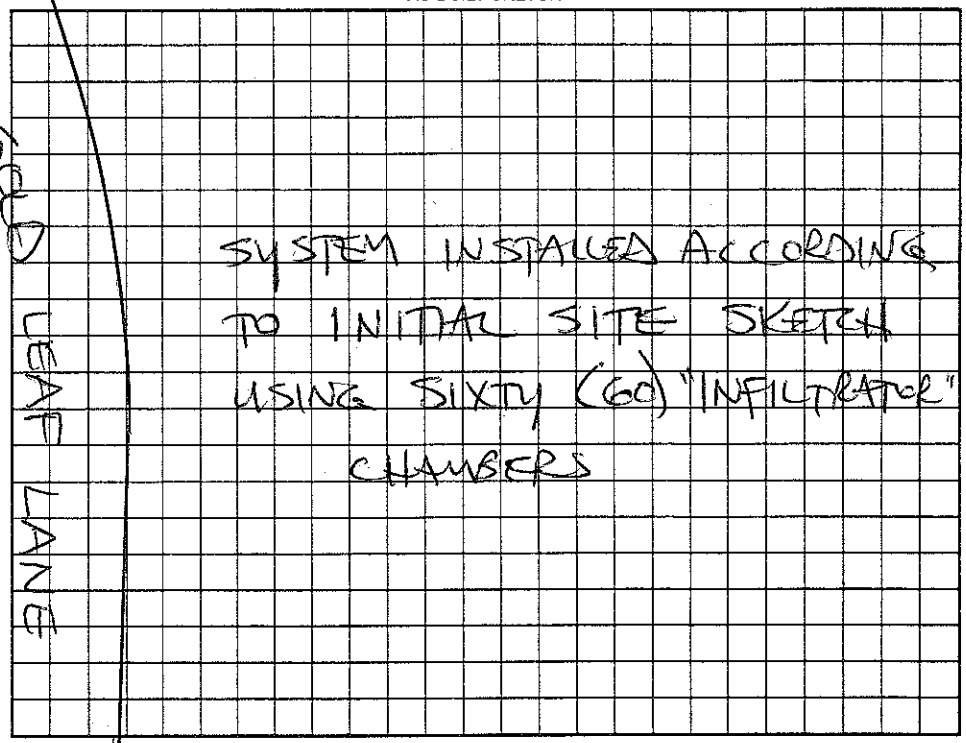
Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM AS SHOWN ON CONTOUR

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "TUFFTITE" 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 7-29-03 Installed by: FORREST STAFFORD

Improvement Permit by: STEVE HEDRICK date 7-21-03 Operation Permit by: STEVE HEDRICK date 12-22-03

Authorization to Construct by: STEVE HEDRICK date 7-21-03 Existing System Inspection by: _____ date _____

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