IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105971 PIN# 3793-96-5832 DATE 5-21-02

OWNER OR CONTRACTOR SOUTHERN LAND & DEVELOPMENT, INC PHONE: Business 704-880-7444 Home 704-876-1080

ADDRESS 105 GOLD LEAF LANE, STATESVILLE, NC 28677

LOCATION I-40 W, TL OLD MTN. RD, TR BEULAH ROAD, CONTINUE MOCK MILL RD, TR GOLD LEAF LN, 2ND LOT ON RIGHT

SUBDIVISION GOLD LEAF BLOCK / SECTION ____ LOT 8 LOT AREA 0.48 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons: STB 1012 Date 4-11-02
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No ____
Nitrification Field: No Fields 1 Square Feet EQ. TO 1440 Linear Feet 240
No Lines EIGHT Trench Width 24" Max Trench Bottom Depth 36" Gravel/~~Sand~~ Depth ~~SAND~~ 6"

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

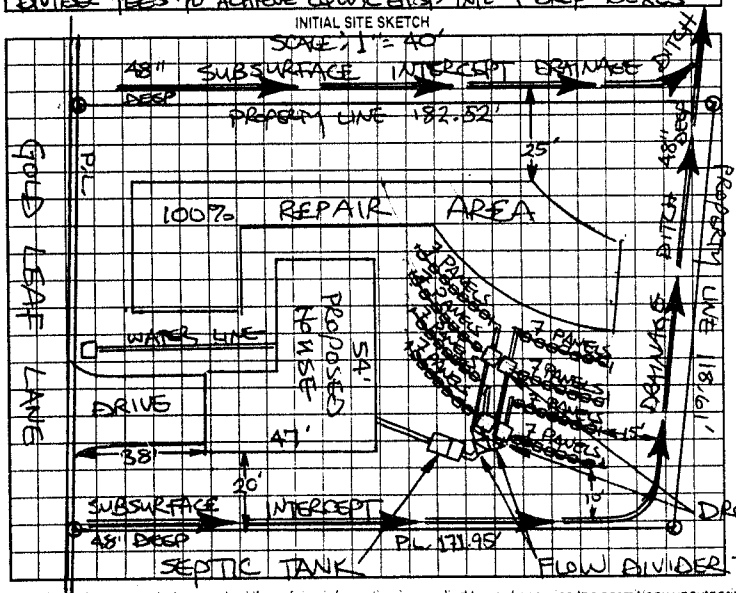
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: ① REMOVE EXISTING FIELD TERRACE ② STUB-OUT COLLECTION SEWER AS SHALLOW AS POSSIBLE ③ INSTALL 50% REDUCTION SYSTEM USING 56 PP'BPS PANELS ④ USE 3 FLOW DIVIDER TEES TO ACHIEVE EQUAL DIST. INTO 4 DROP BOXES

Comments/Conditions ⑤ INSTALL SUBSURFACE INTERCEPT ~~DRAINAGE~~ DITCH AT LOCATION SHOWN 48" DEEP.

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: [signature] date 5-22-02 Installed by: FOREST SHUFORD

Improvement Permit by: STEVE HEDRICK date 5-21-02 Operation Permit by: STEVE HEDRICK date 10-7-02

Authorization to Construct by: STEVE HEDRICK date 5-21-02 Existing System Inspection by: ____ date ____

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