IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106065 PIN# 3793-96-5915 DATE 5-21-02

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

ADDRESS 114 GOLD LEAF LANE STATESVILLE, NC 28677

LOCATION I-40 W, TL OLD MTN. RD, TR BEULAH RD, CONTINUE MOCK MILL RD, TR GOLD LEAF LN, 3RD LOT ON RIGHT

SUBDIVISION GOLD LEAF BLOCK / SECTION ____ LOT 7 LOT AREA 0.555 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons: STB 1012 Date 7-26-02
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 SIX Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth SAND 6"

☑ New System ☐ Repair System Type: I. II. (III) IV. V. VI
System Description: 50% REDUCTION, CHAMP IV
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 ____

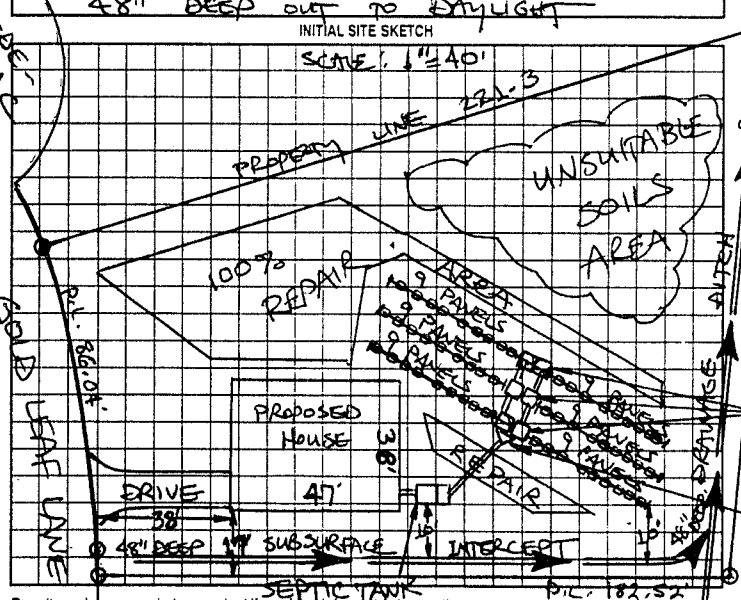
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: ① INSTALL 50% REDUCTION SYSTEM USING 54 PPBPS PANELS ② INSTALL SUBSURFACE INTERCEPT DRAINAGE DITCH AT LOCATION SHOWN BEGINNING 48" DEEP OUT TO DAYLIGHT

Comments /Conditions: Tu-Ff - Tuf Filter Installed

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Shown Per 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: ____ date 5-22-02 Installed by Forrest Shuford

Improvement Permit by: STEVE HEDRICK date 5-21-02 Operation Permit by William O Johnson date 10/25/02

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