IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 133997 PIN# 3795828753 DATE 3-8-06

OWNER OR APPLICANT Linda Redmond PHONE: Business _____ Home 704-872 9957

ADDRESS 2617 Old Mtn Rd Statesville NC 28625

LOCATION I-40 W Mt — about 3 miles on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.53 SITE CLASS. RS DESIGN FLOW 300 L.T.A.R. 63

Septic Tank: 1000 Gallons: STB _____ Date 8-2706

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 334 Linear Feet 84

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36

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

System Description: 25 gravity

Repair System Description: 25' gravity

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms ___

☐ Mobile Home No. Persons +

☐ Business No. Employees ___

☒ Other Work Shop

Water Supply: ☐ Individual ☒ Public ☐ Community

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

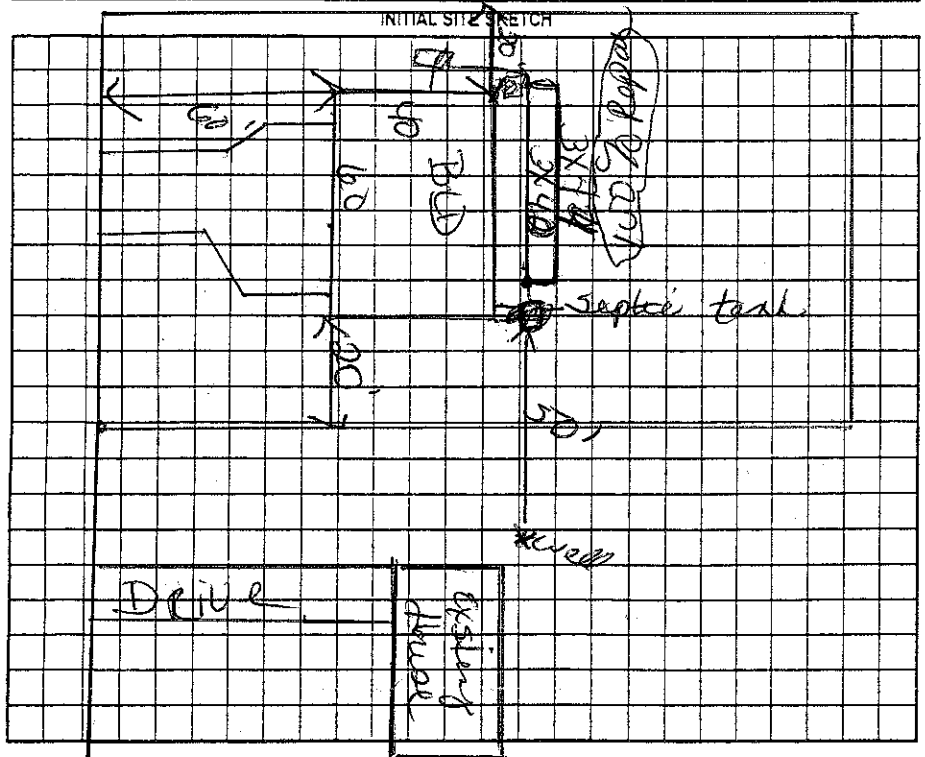
Comments:/Conditions:

Install on Contour
Maintain all setbacks

Comments:/Conditions:

Equal distibution (2) speed levels
maintain 50' away from well

INITIAL SITE SKETCH



AS BUILT SKETCH

Scouver side walls - time
Yellow pipe - distribution
Septic tank marker

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: Linda S Redmond date _____

Improvement Permit by: [signature] date 3-8-06

Authorization to Construct by: [signature] date 3-8-06

Installed by: WAYNE GOLTZ

Operation Permit by: [signature] date 2-23-07

Existing System Inspection by: _____ date _____

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