IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 143247 PIN# 4644-98-7861-7844 DATE 6-16-07

OWNER OR APPLICANT BOB RUDISILL HOMES, INC PHONE: Business 704-662-3468 Home 704-450-0377

ADDRESS 174 WINDING SHORE DRIVE, TROUTMAN, NC 28166 TR Tillman

LOCATION NC 115 SOUTH, TR BRIDGES FARM ROAD, TR CALADIUM DRIVE, LOT AT END ON LEFT

SUBDIVISION CALADIUM POINT BLOCK / SECTION ____ LOT 1 LOT AREA 0.76 ACRES SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 825 Date 11-3-07

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet EQ TO 1600 Linear Feet 400

No Lines SEVEN Trench Width 36" Max Trench Bottom Depth 28" Gravel Depth N/A

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

System Description: 25% REDUCTION, GRAVITY

Repair System Description: 50% REDUCTION, LOW-PRESS

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

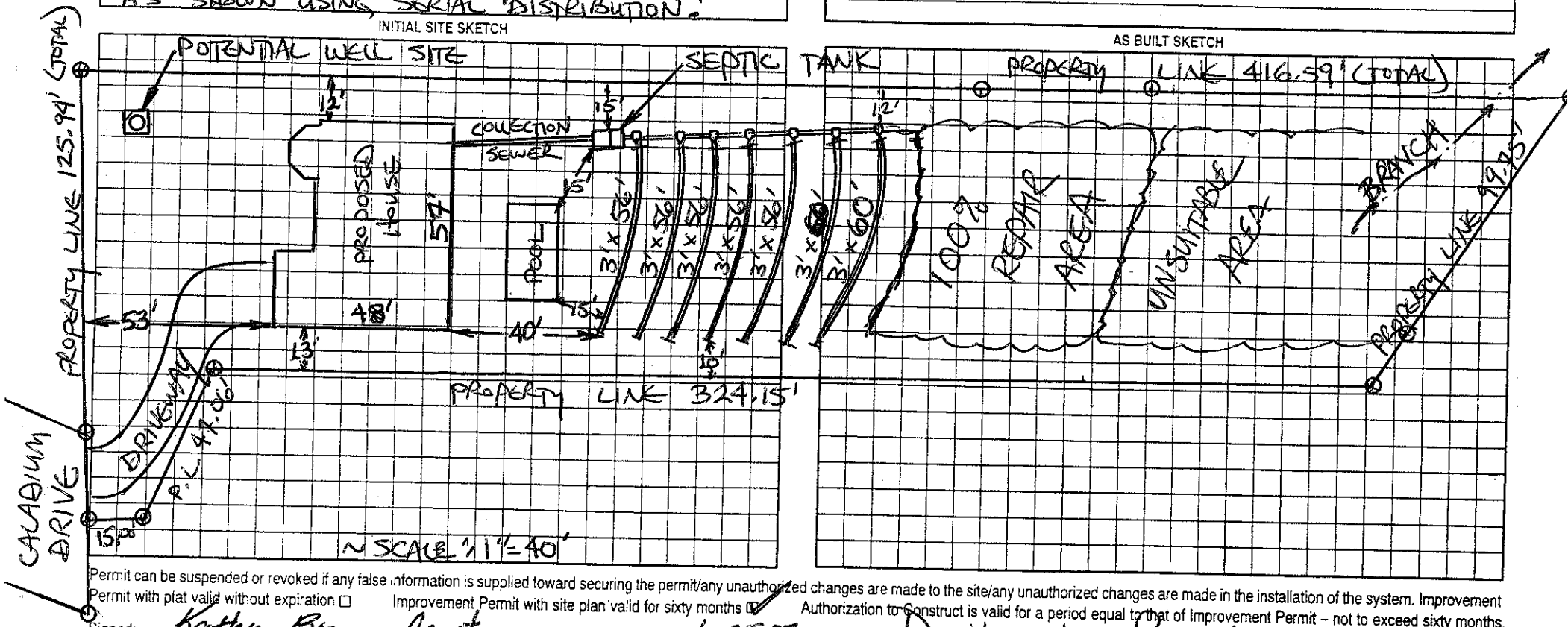
☐ Other ____

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments/Conditions: ① KEEP SYSTEM MINIMUM 15' FROM TOP of SLOPE of EMBANKMENT 100' FROM WELL. ② INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN USING SERIAL DISTRIBUTION.

Comments/Conditions: Installed Quick 4 in 8 lines USeal built in "Drop boxes"

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: Kathy Bowman Agent date 6-25-07 Installed by: Delbert Bostians RS

Improvement Permit by: STEVE HEDRICK date 6-16-07 Operation Permit by: Marian H. Johnson date 12/18/07

Authorization to Construct by: STEVE HEDRICK date 6-16-07 Existing System Inspection by: ____ date ____

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