IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 143246 PIN# 4644-98-8834 4644-98-8880 DATE 6-16-07

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

ADDRESS 174 WINAING SHORE DRIVE, TROUTMAN, NC 28166

LOCATION NC 115 SOUTH, TR BRIDGES FARM ROAD, TR CALADIUM DRIVE, PS LOT STRAIGHT AHEAD AT END.

SUBDIVISION CALADIUM POINT BLOCK / SECTION ____ LOT 2 LOT AREA 0.62 ACRE SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT2

Septic Tank: 1000 Gallons; STB 825 Date 3-2-08

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet EQP 1600 Linear Feet 400

No Lines SEVEN Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: 25% REDUCTION, GRAVITY

Repair System Description: 50% REDUCTION, LOW-PRESSURE

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

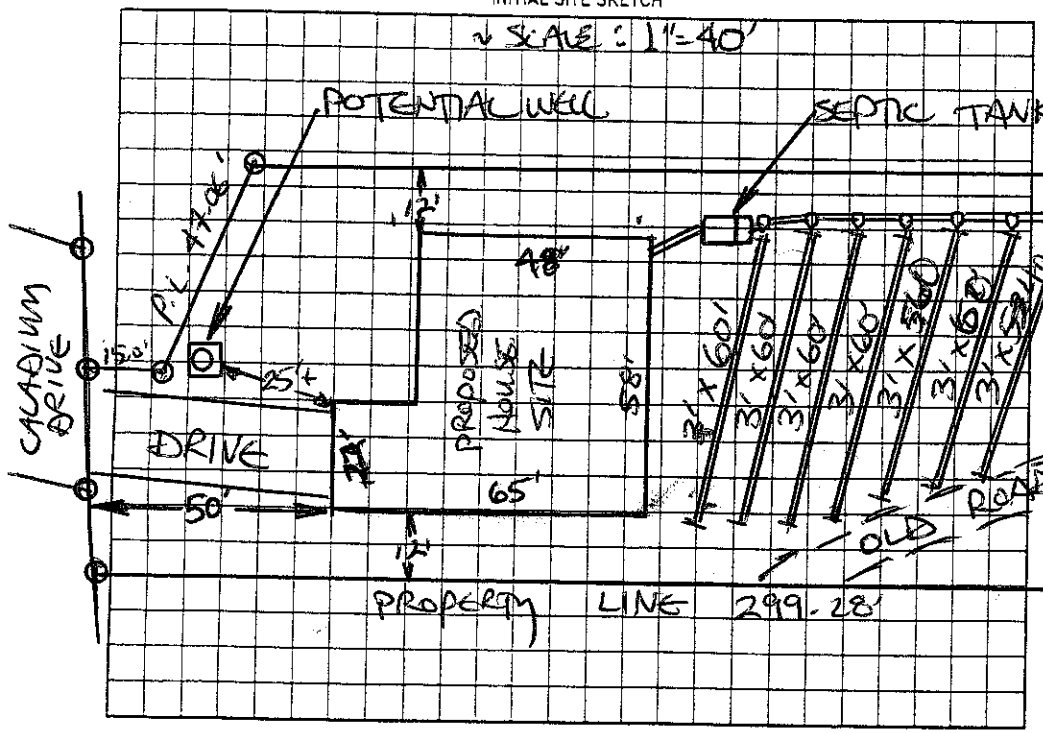
No. Bedrooms 4 No. Persons ____ No. Employees ____

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments/Conditions: ① KEEP SYSTEM MINIMUM 100 FEET FROM WELL ② INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN, NO DEEPER THAN 30", USING SERIAL DISTRIBUTION

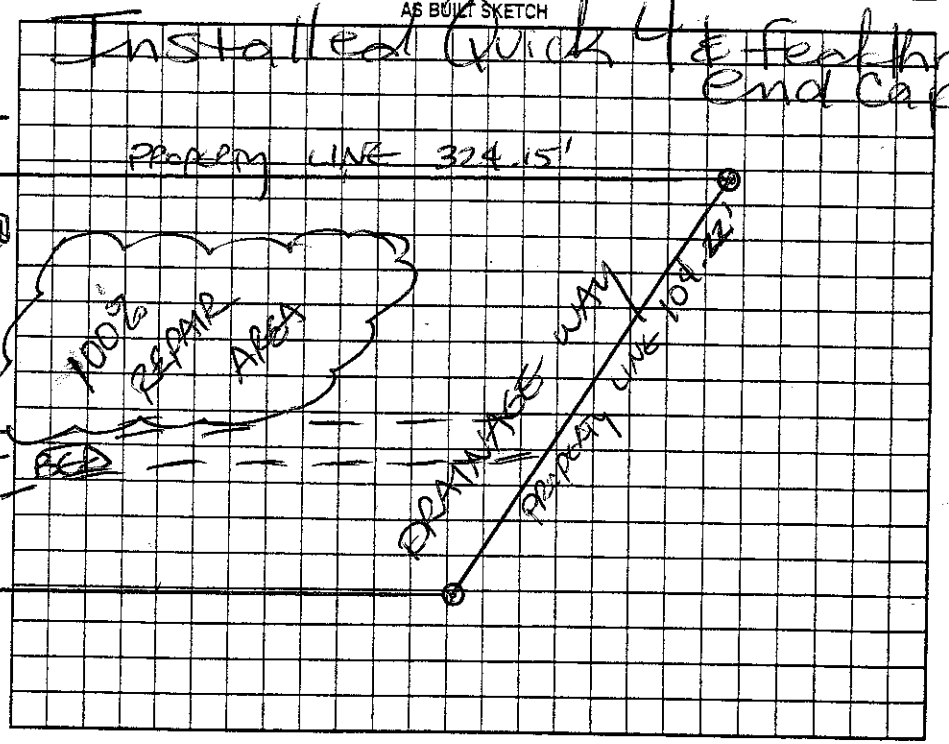
Comments/Conditions: 9/20/07 Reviewed Floor plans in compliance with original permit

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Quick 4's from end caps



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: Karen Bonn Agent date 6-25-07 Installed by: Delbert Woodmans RS

Improvement Permit by: STEVE HENDRICK date 6-16-07 Operation Permit by: Maria H. Wilson date 4/21/08

Authorization to Construct by: Maria H. Wilson RS date 9/20/07 Existing System Inspection by: ____ date ____

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