IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 075259 PIN# 4702 39 3209 (PART) DATE 8-19-98

OWNER OR CONTRACTOR SUNWOOD BUILDERS PHONE: Business 872-0921 Home

ADDRESS P.O. BOX 5877, STATESVILLE NC 28677

LOCATION US 70 WEST, TL EUFOLA ROAD, TL BROADMEADOW DRIVE, 3RD LOT ON RIGHT

SUBDIVISION BROAD MEADOW BLOCK / SECTION II LOT 10 LOT AREA 21,669 SF SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT

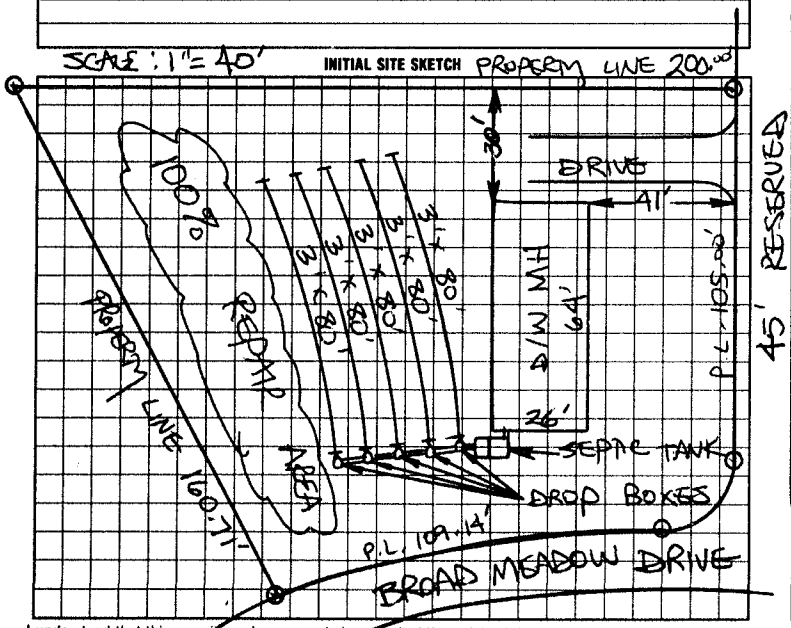
Septic Tank: 1000 Gallons; STB 1007 Date 10/6/99	☑ New System ☐ Repair System Type: I, II, III, IV, V, VI	☐ House/Mod. Home No. Bedrooms 3	Water Supply: ☐ Individual ☑ Public ☐ Community
Pump Tank: ____ Gallons; PT ____ Date ____	System Description: CONVENTIONAL GRAVITY	☑ Mobile Home No. Bathrooms 2	
Pump Make: ____ Model ____ Serial No. ____	Repair System Description: 25% REDUCTION	☐ Business No. Employees ____	
Nitrification Field: No. Fields 1 Square Feet 1200 Linear Feet 400'	Maintenance Agreement Required: ☐ Yes ☑ No / GRAVITY	☐ Other ____	
No. Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"		☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing	

Comments:/Conditions:

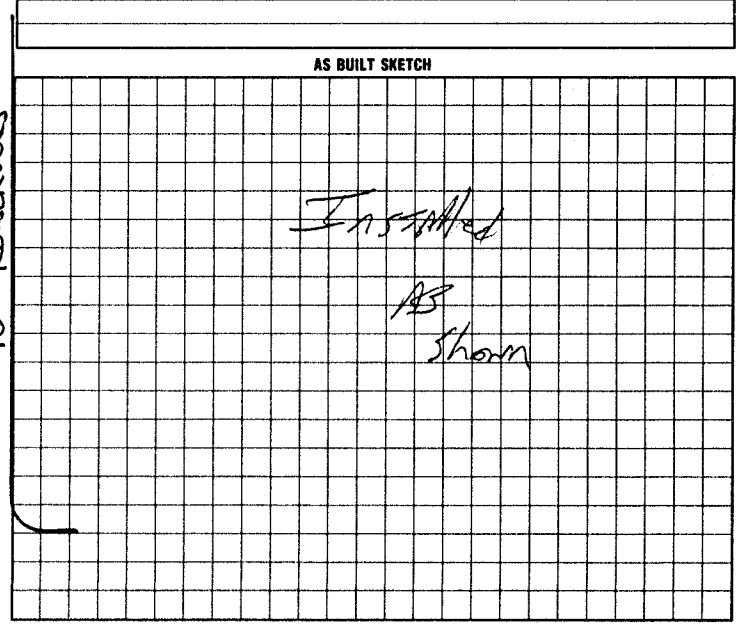
Comments:/Conditions:

SCALE: 1" = 40'

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 8/15/58 Installed by: T. Cothren

Improvement Permit by: STEVE HEDRICK date 8-19-98 Operation Permit by: [signature] date Feb 8 2000

Authorization to Construct by: STEVE HEDRICK date 8-19-98 Existing System Inspection by: ____ date ____

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