IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120731 PIN# 4703-80-9926 DATE 5-15-04

OWNER OR CONTRACTOR Southern Land & Development, Inc PHONE: Business 704-876-1080 Home 704-880-7444

ADDRESS 125 Greenfield Drive West Statesville NC 28625

LOCATION I-40W TL Old Mountain Rd TR Lewis Ferry Rd on corner of Pinedell Acres

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 25.0 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .25 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 6-14-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1920 Linear Feet 640
No Lines 8 Trench Width 36" Max Trench Bottom Depth 20" Gravel Depth 12"

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Con. Gravity
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

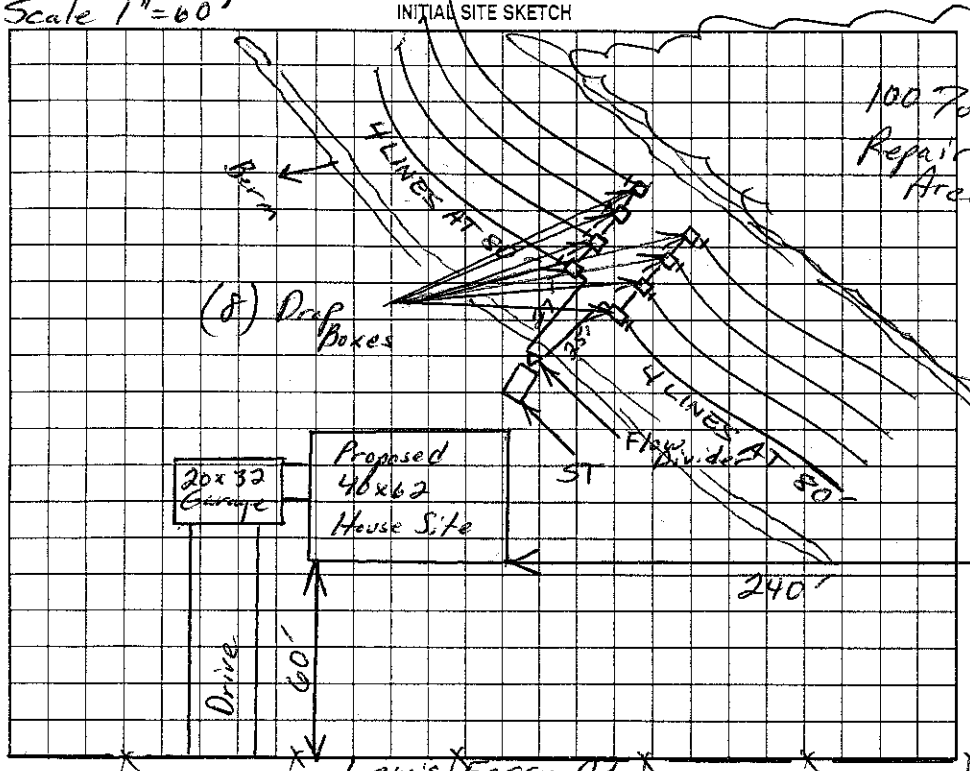
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: ① Install 20" on contour ② Grade off berms prior to installation

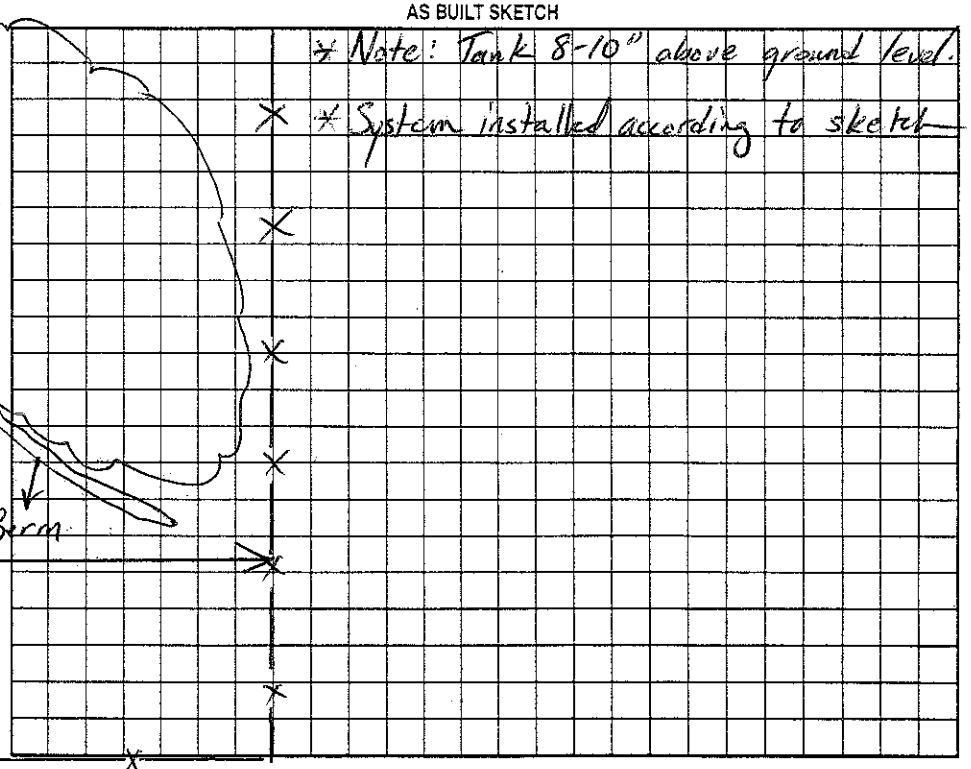
Comments/Conditions: ① Riser on tank ② #57 stone ③ Tuff-Tite

Scale 1"=60'

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: _____ date 09/17/04 Installed by: FOREST SHUFORD

Improvement Permit by: _____ date 5-15-04 Operation Permit by: _____ date 10-26-04

Authorization to Construct by: _____ date 5-15-04 Existing System Inspection by: _____ date _____

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