THIS PERMIT VOIDS PREVIOUS ISSUED ~~B-[illegible]~~-01

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095050 PIN# 4703 97 2027 (PART) DATE 6-29-01

OWNER OR CONTRACTOR SOUTHERN LAND DEV. PHONE: Business _____ Home (704) 876-1080

ADDRESS 125 GREENFIELD DR. WEST, STATESVILLE, NC 28625

LOCATION US 70 WEST, ~1/2 MILE ON LEFT PAST OLD MOUNTAIN ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.964 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.35 gpd/ft²

Septic Tank: 1000 Gallons: STB 1012 Date 12-19-00

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ. = 1035 Linear Feet ~265

No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: 25% REDUCTION GRAVITY

Repair System Description: 25% REDUCTION PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

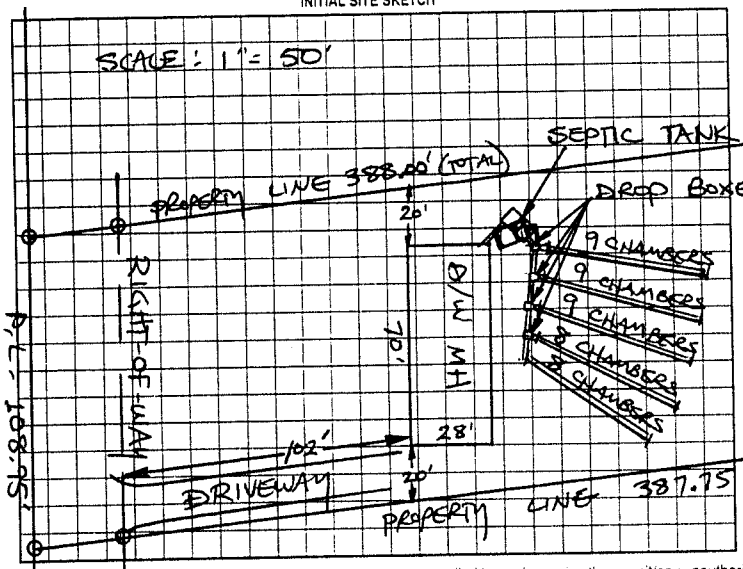
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

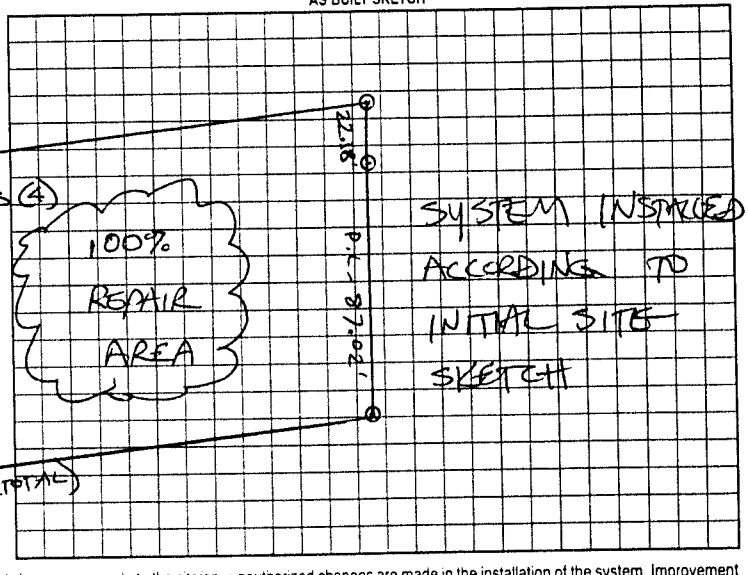
Comments/Conditions: INSTALL 25% REDUCTION SYSTEM USING 43 CHAMBERS (AT OWNER'S REQUEST)

Comments/Conditions: ① SEPTIC TANK WITH RISERS INSTALLED USING "POLY LOK" FILTER ② SYSTEM INSTALLED DURING PERIOD OF WET WEATHER

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 7-3-01 / Installed by: FOREST STAFFORD

Improvement Permit by: STEVE HEDRICK date 6-29-01 Operation Permit by: STEVE HEDRICK date 7-17-01

Authorization to Construct by: STEVE HEDRICK date 6-29-01 Existing System Inspection by: _____ date _____

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