IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135387 PIN# 4724 03 3372 47 Randy Wilson DATE 5-22-06

OWNER OR APPLICANT RLL Constructors PHONE: Business 704-880-8219 Home 704-981-0671

ADDRESS 120 White Dogwood Lane Statesville NC 28625

LOCATION I-40 West (R) Stony Farm (L) Gilbert 1 mile on right

SUBDIVISION Gilbert Estates BLOCK / SECTION ____ LOT 4 LOT AREA 4.513 AC? SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 5X80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: Conv Conv

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

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

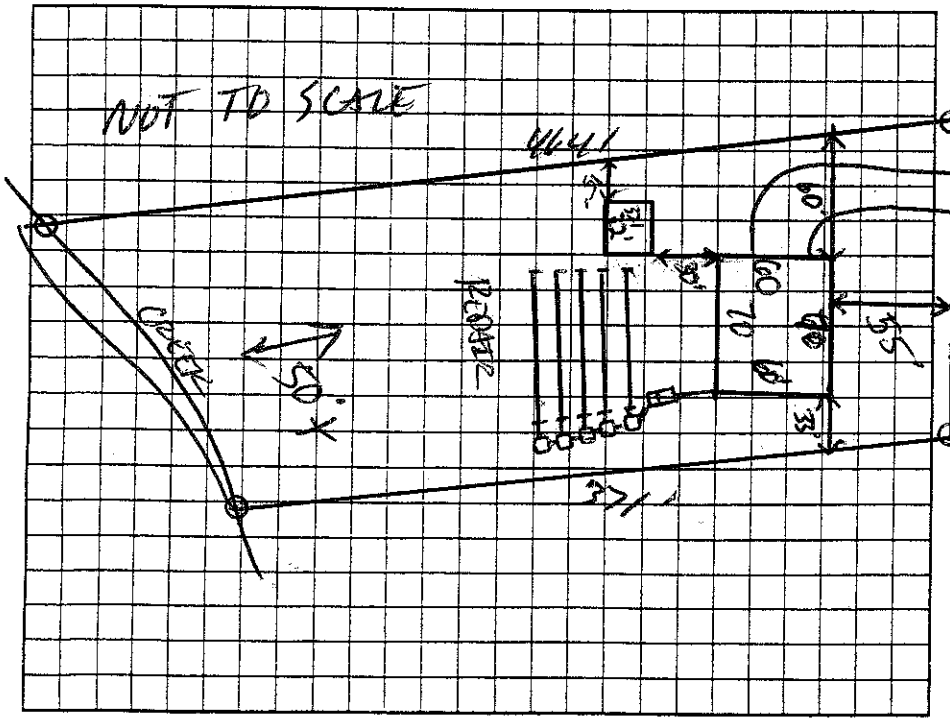
No. Bedrooms 3 No. Persons 6 No. Employees ____

Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments/Conditions: (1) START AT NATURAL GRADE AT BACK OF HOME & DIG TWD H.11 FOR BASEMENT LVT (2) INSTALL LINES ON CONTOURS TOWARD SETBACKS (3) GRADE LOT FOR FIELD TO DRAIN

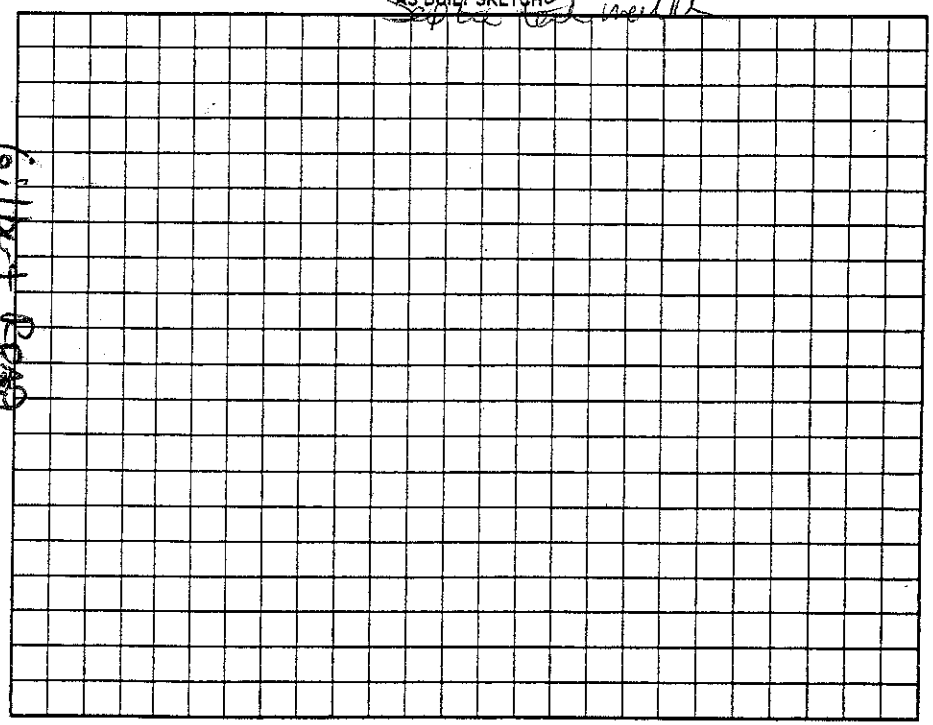
INITIAL SITE SKETCH



Comments/Conditions: (1) AN ALTERED SYSTEM MAY BE USED.

Red Surge Tile

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.

(R) Signed: Kelly Wilson date ____

Improvement Permit by: [signature] date 5-22-06

Authorization to Construct by: [signature] date 5-22-06

Installed by: Steve Forder

Operation Permit by: Kelly Cook date 2-7-07

Existing System Inspection by: ____ date ____

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