IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 113971 PIN# 4727-71-5695

OWNER OR CONTRACTOR KEVIN HODE PHONE: Business _____ Home 704-902-4982

ADDRESS 393 RIVER RUN ROAD, STATESVILLE NC 28625 DATE 7-16-03

LOCATION NC 115 North TL MALLORY LANE 1ST LOT ON RIGHT

SUBDIVISION REDCHIMNEY MEADOWS BLOCK / SECTION _____ LOT 13 LOT AREA 0.68 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.25GPD/FT2

Septic Tank: 1000 Gallons; STB 1012 Date 6-22-03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ.T 1440 Linear Feet 360

No Lines Four 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, GRAVITY

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

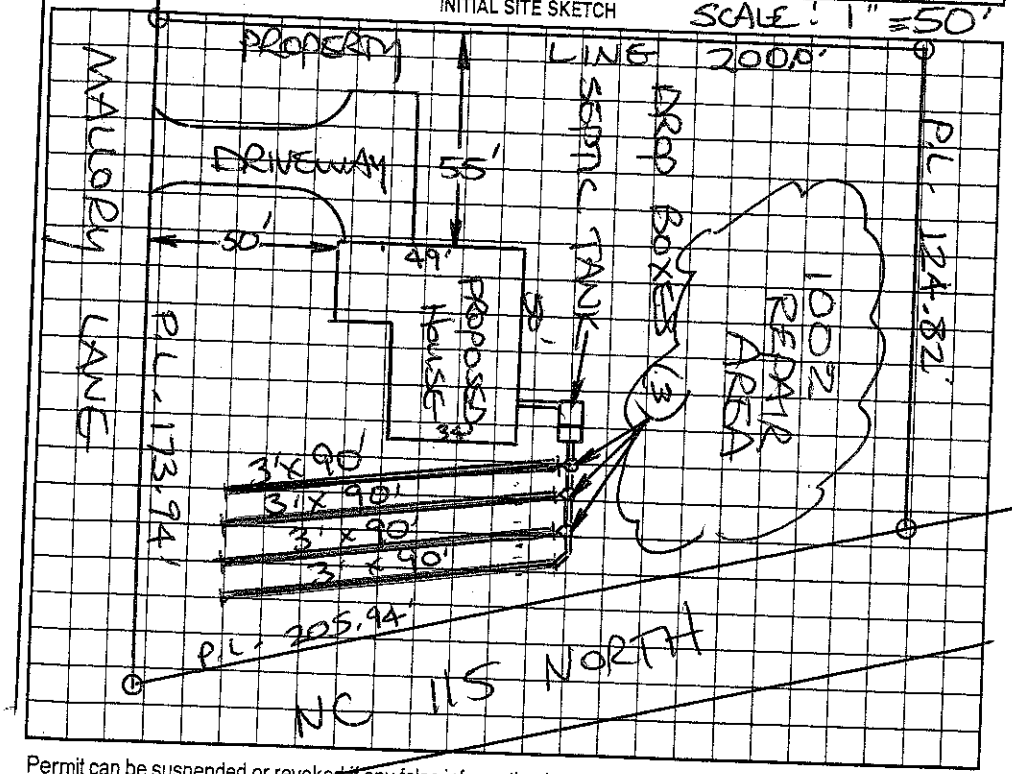
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: INSTALL 25% REDUCTION SYSTEM

Comments/Conditions:

Tuff-Tite Filter + ST Marker Installed
-48 Shallow Cover Infiltrator Chambers Installed

INITIAL SITE SKETCH SCALE: 1" = 50'



AS BUILT SKETCH

Installed as shown per Initial Site Sketch

15, 15, 14, 14 chambers/Line = 48 total chambers

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 _____

Improvement Permit by: STEVE HEDRICK date 7-16-03

Authorization to Construct by: STEVE HEDRICK date 7-16-03

Installed by: Steve Jordan

Operation Permit by: William O. Johnson date 12/19/03

Existing System Inspection by: _____ date _____

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