IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# STATESVILLE PIN# 4733-86-6164 DATE 8-9-03

OWNER OR CONTRACTOR RANDALL SCOTT FREELAND PHONE: Business 704-872-5195 Home 704-239-7539

ADDRESS 136 OLD LION ROAD, STATESVILLE, NC 28625

LOCATION US 21 SOUTH, TR TARA SHA, TR RIDGEWOOD LANE, CONTINUE TO END

SUBDIVISION KNOLLWOOD BLOCK / SECTION ____ LOT 48 LOT AREA ____ SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 7-23-02

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet @ P 1200 Linear Feet 300

No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ 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 No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

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

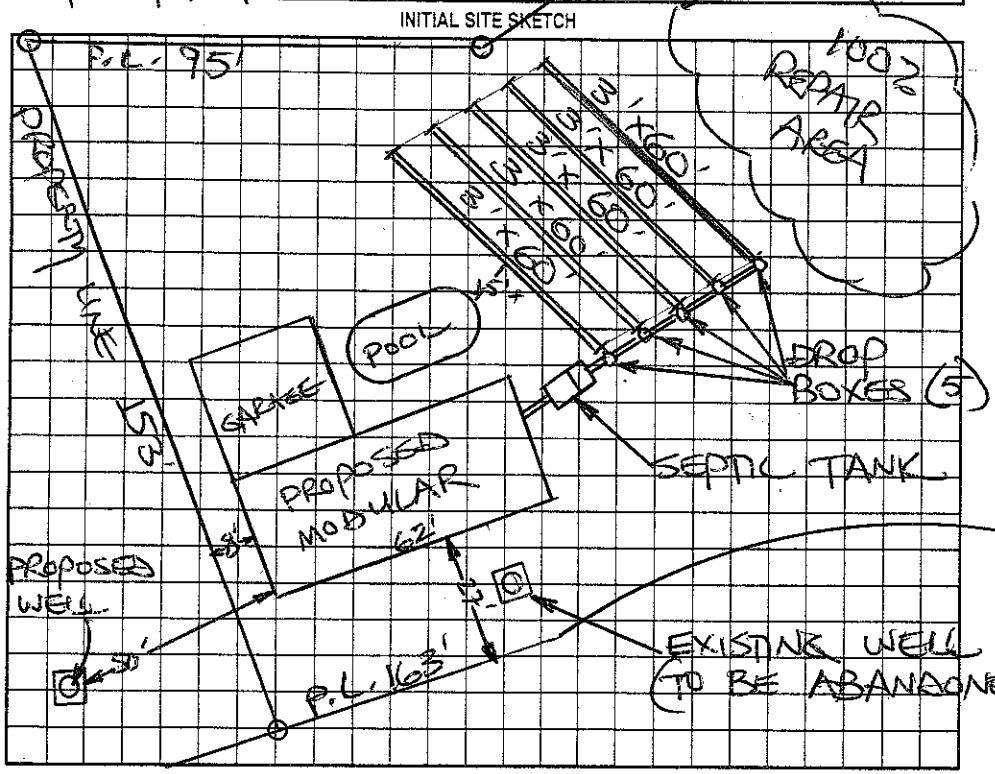
Water Supply: ☑ Individual ☐ Public ☐ Community

WELL

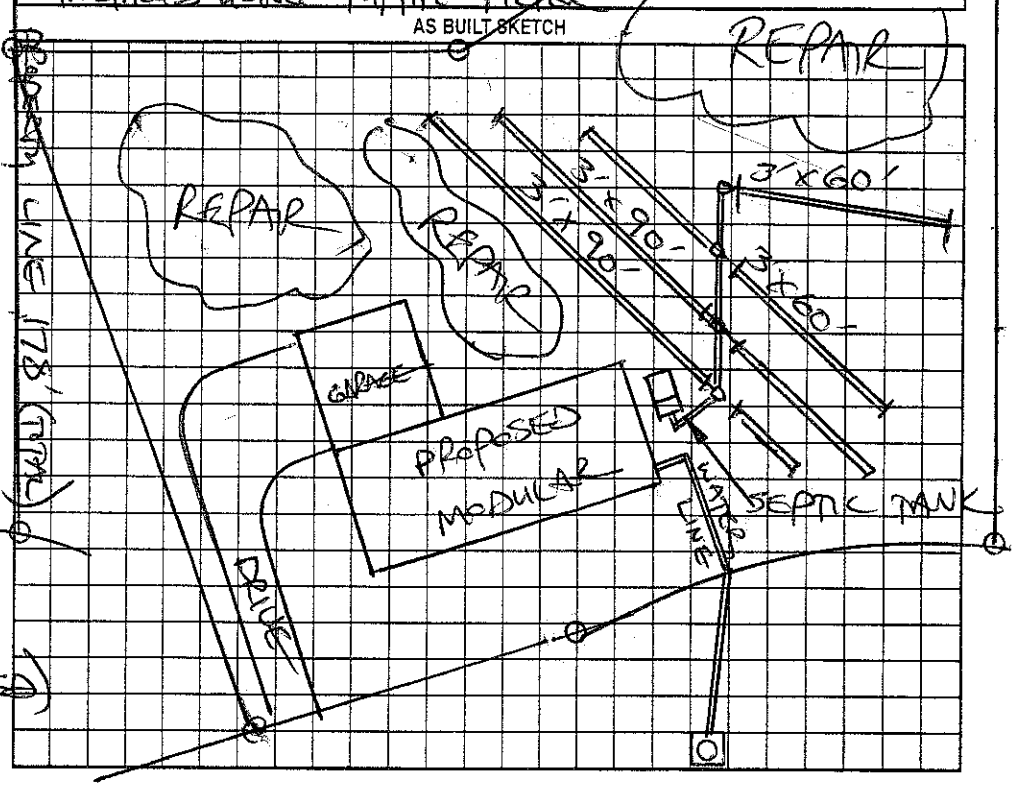
Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM AS SHOWN, CONTACT HEALTH DEPARTMENT AFTER CLEARING & PRIOR TO INSTALLATION TO FLAG OUT SYSTEM

Comments:/Conditions: SYSTEM ALTERED AS SHOWN DUE TO HOUSE RELOCATION; HOUSE RELOCATED WITHOUT PRIOR H.D. APPROVAL & SEPTIC TANK WITH RISERS INSTALLED USING "TUFTITE" FILTER

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: x Annette Freeland date 8-9-03

Improvement Permit by: STEVE HEDRICK date 8-9-03

Authorization to Construct by: STEVE HEDRICK date 8-9-03

Installed by: DALE WINGLER

Operation Permit by: STEVE HEDRICK date 1-8-04

Existing System Inspection by: ____ date ____

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