IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4737494174 DATE 10-27-06

OWNER OR APPLICANT FRANK W. REDMOND FAMILY TRUST PHONE: Business _____ Home 704-878-9473

ADDRESS 528 DEAUVILLE RD, STATESVILLE NC 28625

LOCATION NC 115 NORTH, TR S. CHIPLEY FORD ROAD, 1 2ND HOUSE ON LEFT PAST BLANCHWOOD ROAD AT BOX #3127

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 306.5 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB WP 1000 Date 6-24-06
Pump Tank: _____ Gallons; PT STB 1007 Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36 +/- Gravel Depth N/A

☐ New System ☒ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: _____
Repair System Description: 25% REDUCTION, GRAVITY
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

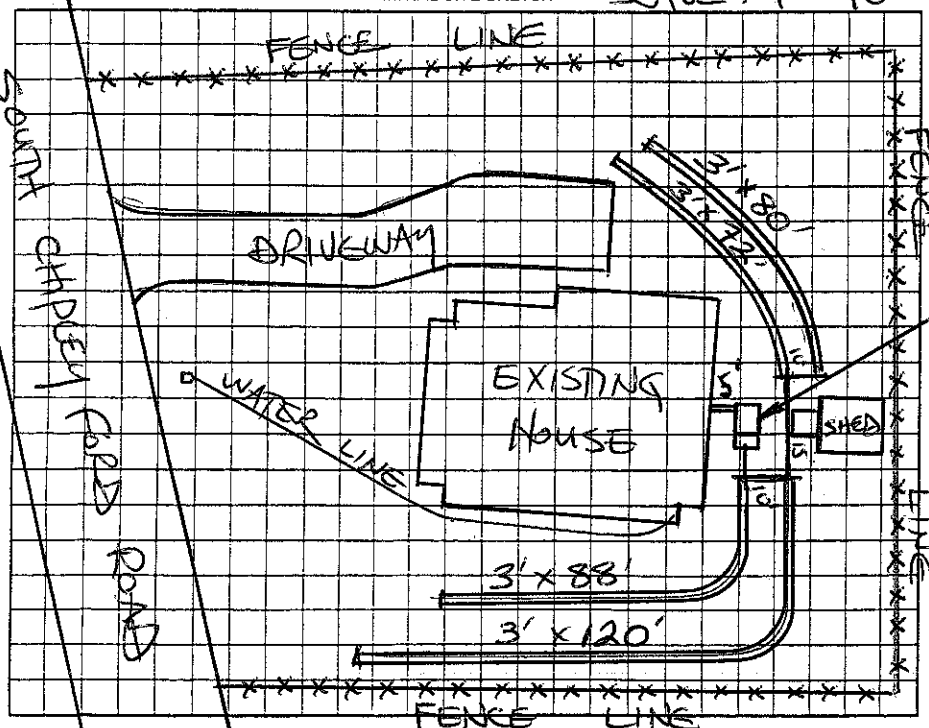
Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments/Conditions: INSTALL 25% REDUCTION SYSTEM AS SHOWN

Comments/Conditions: Filter Install / Infiltrator Quick-4

INITIAL SITE SKETCH ~SCALE: 1"=40'



AS BUILT SKETCH

Installed as Drawn on Site plan.

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: Betty R. Love, Trustee date 10-27-06 Installed by: James Nuddler

Improvement Permit by: STEVE HEDRICK date 10-27-06 Operation Permit by: _____, R.S. date 30 Oct. 06

Authorization to Construct by: STEVE HEDRICK date 10-27-06 Existing System Inspection by: _____ date _____

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