IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 114175 PIN# 4747-63-5592 DATE 7/25/03

OWNER OR CONTRACTOR RTL Constructors PHONE: Business (704) 880-8219 Home —

ADDRESS 120 White Dogwood Lane Statesville NC 28625

LOCATION I-40, 21 North, (L) Shumaker Drive, (R) Saddlewood, (R) on Appaloosa Lane at end on right

SUBDIVISION Saddlewood BLOCK / SECTION II LOT 34 LOT AREA .523 Ac SITE CLASS. A DESIGN FLOW 360 L.T.A.R. .30 gpd/ft²

Septic Tank: 4000 Gallons; STB 1072 Date 10-22-02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model Extra to Serial No. _____

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

No Lines 5@60 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth NA

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

System Description: Gravity, ~~Conv.~~ 25% Reduc

Repair System Description: Pump, LP Pipe

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

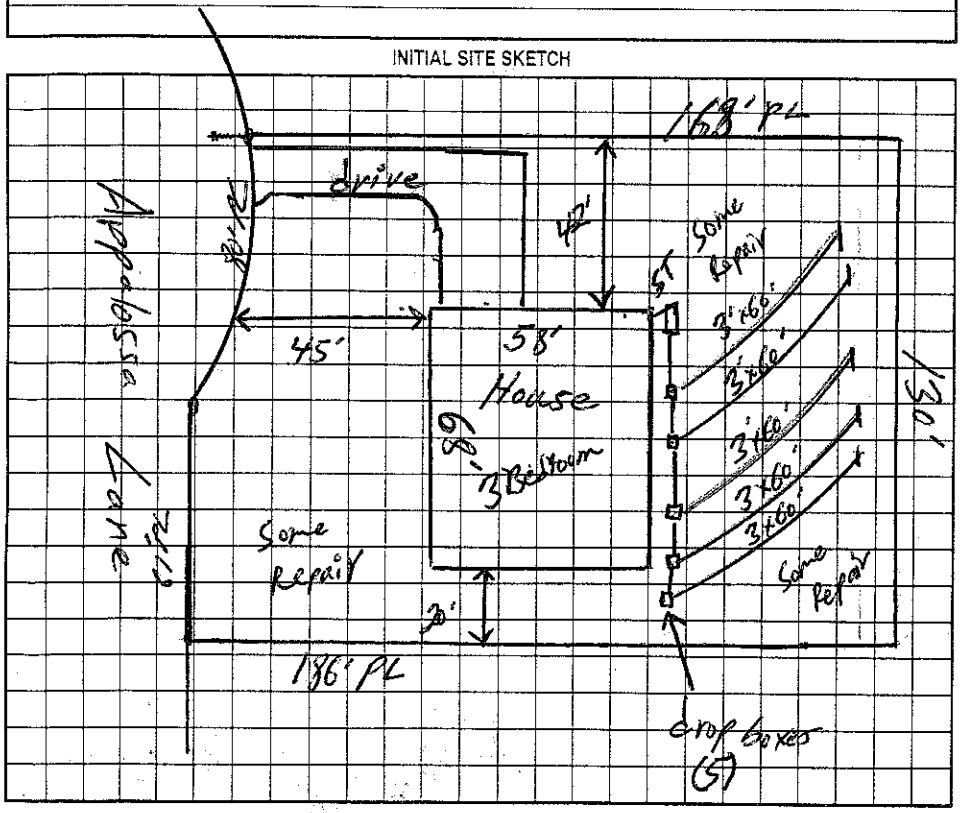
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: ① Install liner on contour ② maintain proper setbacks

Comments:/Conditions: Tuff Tite filter + ST Marker Installed -48 Infiltrator Chambers Installed

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed As Shown per Initial Site 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: Dave A. W. date _____ Installed by: Steve Jordan

Improvement Permit by: William O. Johnson date 7/25/03 Operation Permit by: William O. Johnson date 11/24/03

Authorization to Construct by: William O. Johnson date 7/25/03 Existing System Inspection by: _____ date _____

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