IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 113102 PIN# 4747-63-2522 DATE 6/18/03

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

ADDRESS 289 Sharon School Rd Statesville NC 28677

LOCATION 21 N to Shumaker Drive to Switch Form R to R Saddlewood, R Appaloosa Trail & Cul-de-Sac

SUBDIVISION Saddlewood BLOCK / SECTION 2 LOT 33 LOT AREA ~.58 Acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 4000 Gallons; STB 1012 Date 5-13-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1940 Linear Feet 360
No Lines 3@120' Trench Width 36" Max Trench Bottom Depth 28" Gravel Depth NA

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

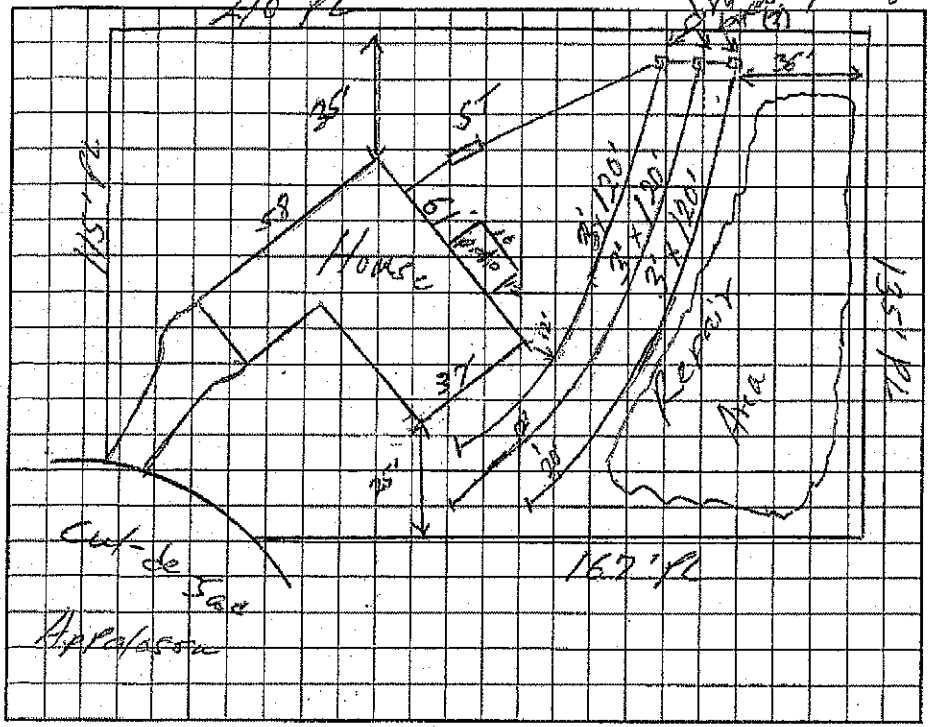
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments/Conditions: - Tuff-Tite filter + ST marker Installed
Infiltrator Chambers Installed - 58

INITIAL SITE SKETCH 1"=50'



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: David T. W... date 6/23/03 Installed by: Steve Jordan

Improvement Permit by: William O. Johnson date 6/18/03 Operation Permit by: William O. Johnson date 11/21/03

Authorization to Construct by: William O. Johnson date 6/18/03 Existing System Inspection by: ____ date ____

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