REDELL COUNTY HEALTH DEPARTMENT

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

Paid 125.00 pd cell#

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

PERMIT# 88313 PIN# 4760-96-64-77-RT 4760857419 DATE 4/14/00

OWNER OR CONTRACTOR ~~CONTRACTOR~~ MICHAEL E ALSOP PHONE: Business _____ Home 660-1449

ADDRESS 176 SONOMA DRIVE CLEVELAND

LOCATION SHINNVILLE RD- TL SONOMA DRIVE - AT END

SUBDIVISION SHINNVILLE ESTATES BLOCK / SECTION I LOT 8 LOT AREA 1.9AC SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .3gal/ft²

Septic Tank: 1000 Gallons; STB 794 Date —
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500
No Lines 4@125' 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: GRAVITY 25% REDUCTION
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3 4
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

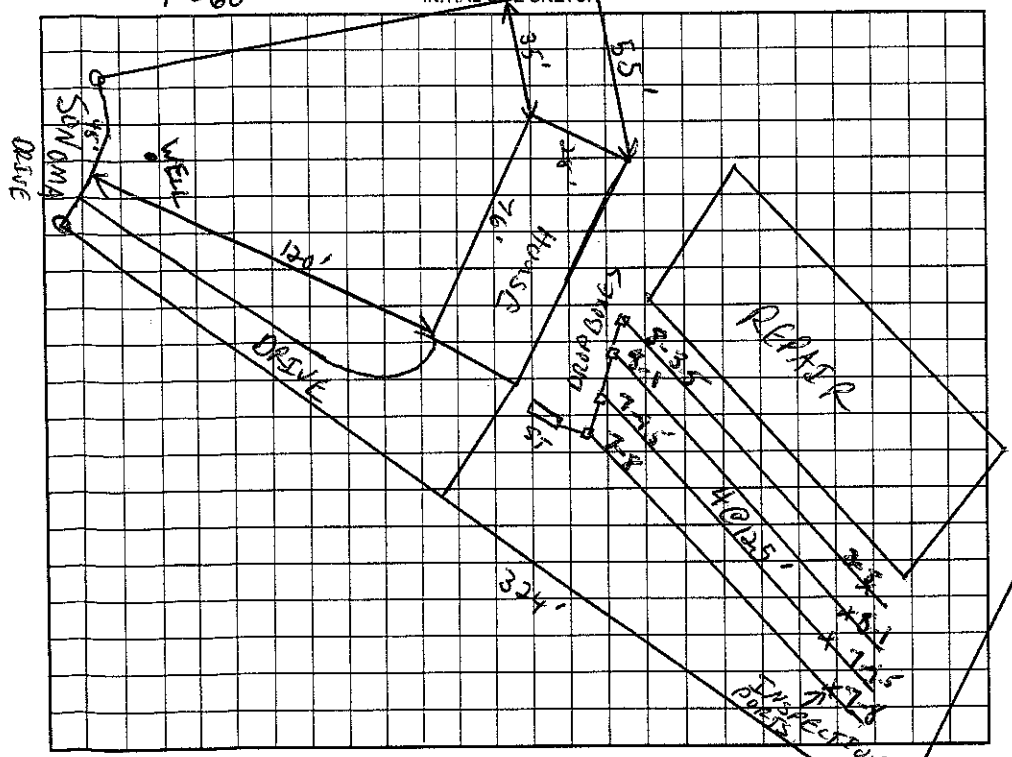
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: INSTALL INSPECTION PORT AT END OF EACH LINE. KEEP WELL 100' FROM ANY SYSTEM.

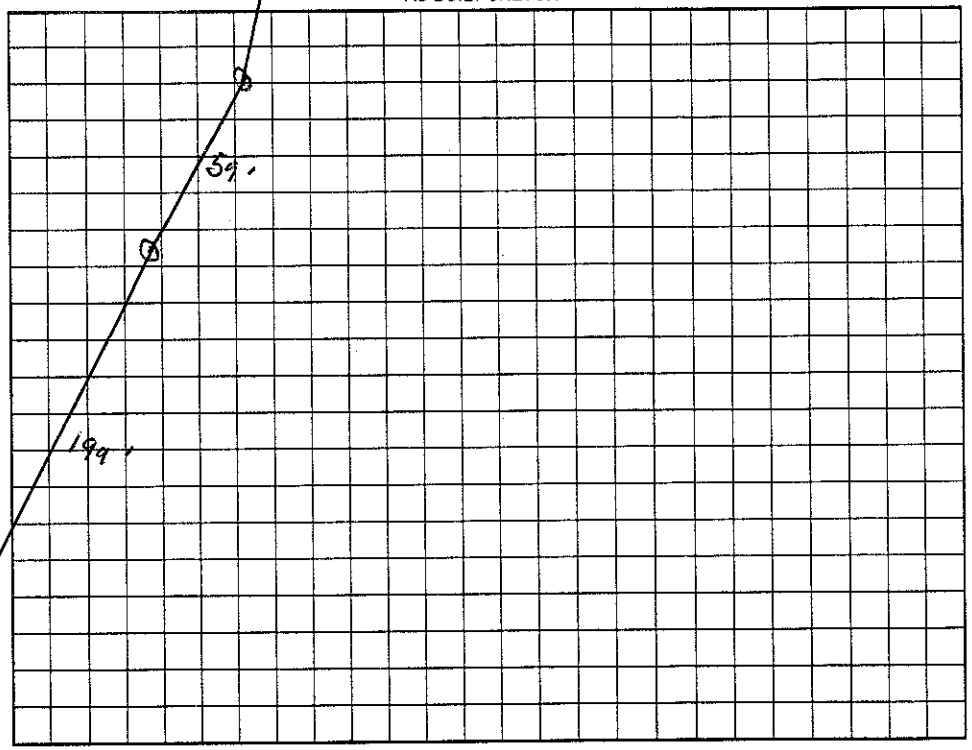
Comments:/Conditions:

1"=60'

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: Michael E Olsen date 4/14/00

Improvement Permit by: C. B. Freeman RS date 4/14/00

Construct by: C. B. Freeman RS date 4/14/00

Installed by: Michael Tucker

Operation Permit by: Wesley Parks RS. date 7/24/00

Existing System Inspection by: _____ date _____

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