IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 129904 PIN# 4766-73-3302 DATE 8-5-05

OWNER OR CONTRACTOR R+L Constructars / Randy Wilson PHONE: Business 704-880-8219 Home

ADDRESS 120 White Dogwood Ln. Statesville 28625

LOCATION I 40 E, Exit old Mocksville Rd., go N, TR Chestnut Grove, TR Seven Sprgs. Loop, on left

SUBDIVISION Seven Springs BLOCK / SECTION phase 1 LOT 70 LOT AREA .775 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB ~~7-3-05~~ 7-30-05 Date 7-3-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

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

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

System Description: 25% red. gravity

Repair System Description: 25% red. gravity or 50% red.

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

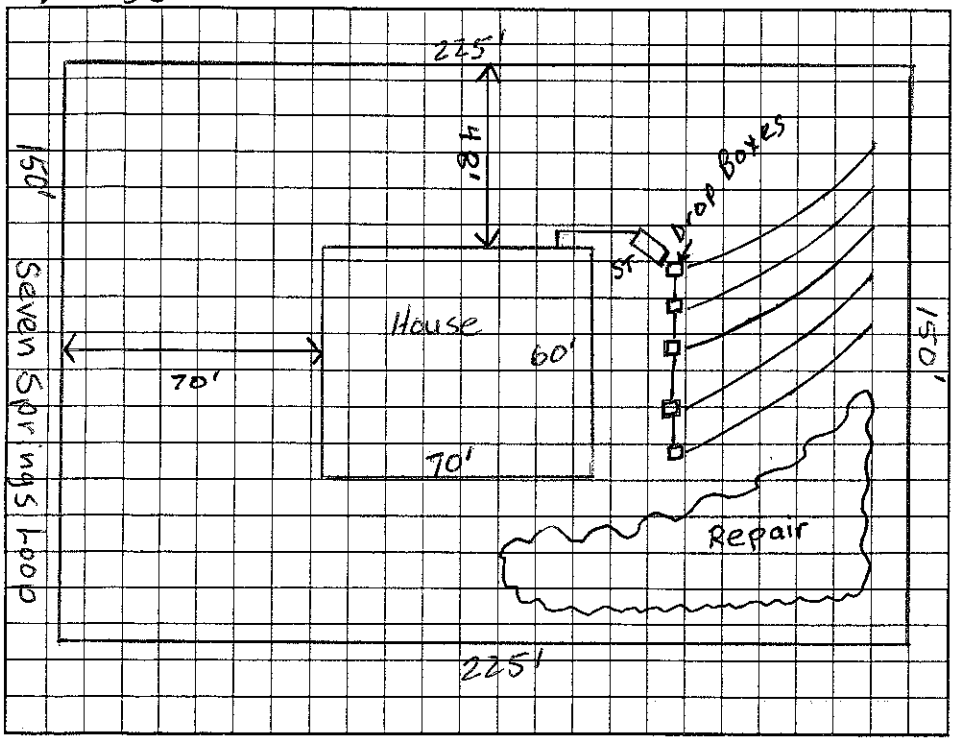
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:

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Yellow Surface Line Marker
Septic Land Marker

1"=50'

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: Randy WS date 8-15-05 Installed by: Steve Jordan

Improvement Permit by: Judy Melville date 8-5-05 Operation Permit by: Kelly Cook date 3-2006

Authorization to Construct by: Judy Melville date 8-5-05 Existing System Inspection by: _____ date _____

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