IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 1-15-04 (CL)

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

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

PERMIT# 117708 PIN# 4775-25-0780 DATE 4-2-04

OWNER OR CONTRACTOR SHERIE RUSS PHONE: Business 704-645-5309 Home 704-872-6683

ADDRESS 120 VERNA DRIVE, STATESVILLE, NC 28625

LOCATION US 64 EAST, TL SAIN ROAD, TL SPRING FOREST DRIVE, 2ND LOT ON RIGHT

SUBDIVISION SPRING FOREST BLOCK / SECTION ____ LOT 96 LOT AREA 0.7978 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 7-31-04

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields I Square Feet EQ. F 1200 Linear Feet 300

No Lines TWO 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: 25% REDUCTION, GRAVITY

Repair System Description: 25% REDUCTION, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No pump ☑ Other ____

☑ House/Mod. Home ☐ Mobile Home ☐ Business

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

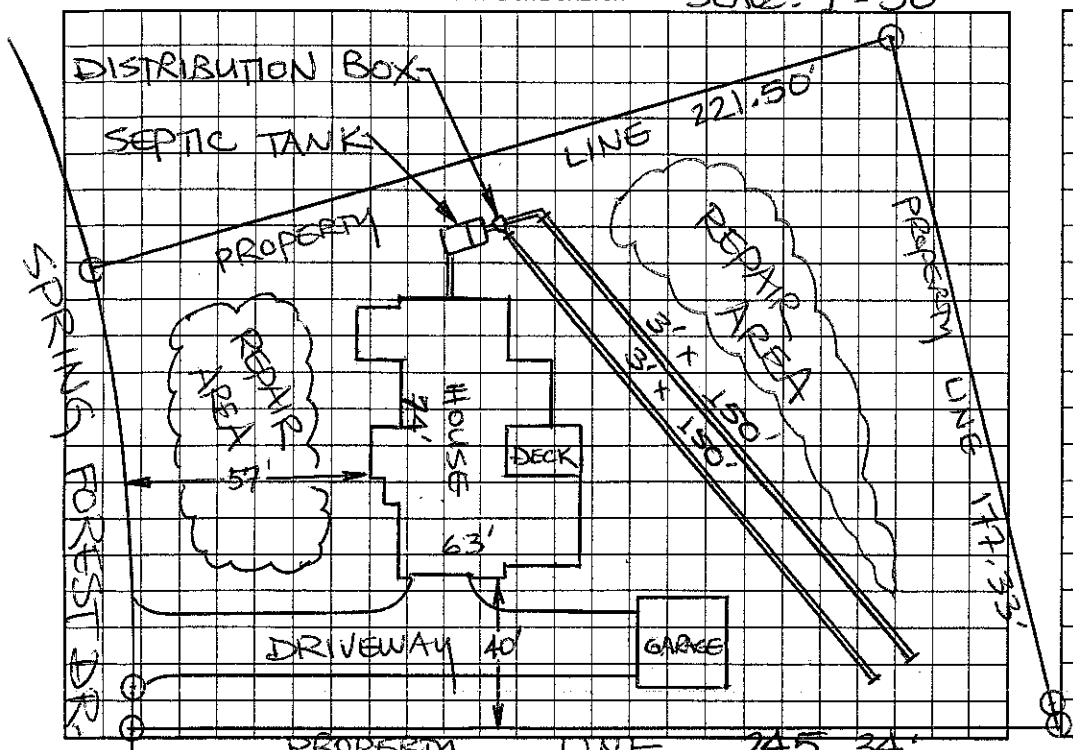
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS FLAGGED

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "TUFFITE" FILTER

INITIAL SITE SKETCH SCALE: 1" = 50'



AS BUILT SKETCH

SYSTEM INSTALLED USING AS STANDARD "INFILTRATOR" CHAMBERS ACCORDING TO INITAL 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: Sherie J. Russ date 4-2-04 Installed by: DALE WINGLER

Improvement Permit by: STEVE HEDRICK date 4-2-04 Operation Permit by: STEVE HEDRICK date 2-17-05

Authorization to Construct by: STEVE HEDRICK date 4-2-04 Existing System Inspection by: ____ date ____

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