BRENT GALLIHARE 704-902-4358

IREDELL COUNTY HEALTH DEPARTMENT

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

CI

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

(CI)

PERMIT# 108 556 PIN# 4789-82-5210 8829 DATE 9-12-02

OWNER OR CONTRACTOR TODD & RHODA REDMOND PHONE: Business 704-880-0583 Home 704-546-5249

ADDRESS 1142 E. MEMORIAL HWY, STATESVILLE NC 28625

LOCATION US 21 N, TR NC901, TR RIMROCK ROAD, 2ND DRIVEWAY ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 68.40 ACRES SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 760 Date 7-26-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONVENTIONAL, GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

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

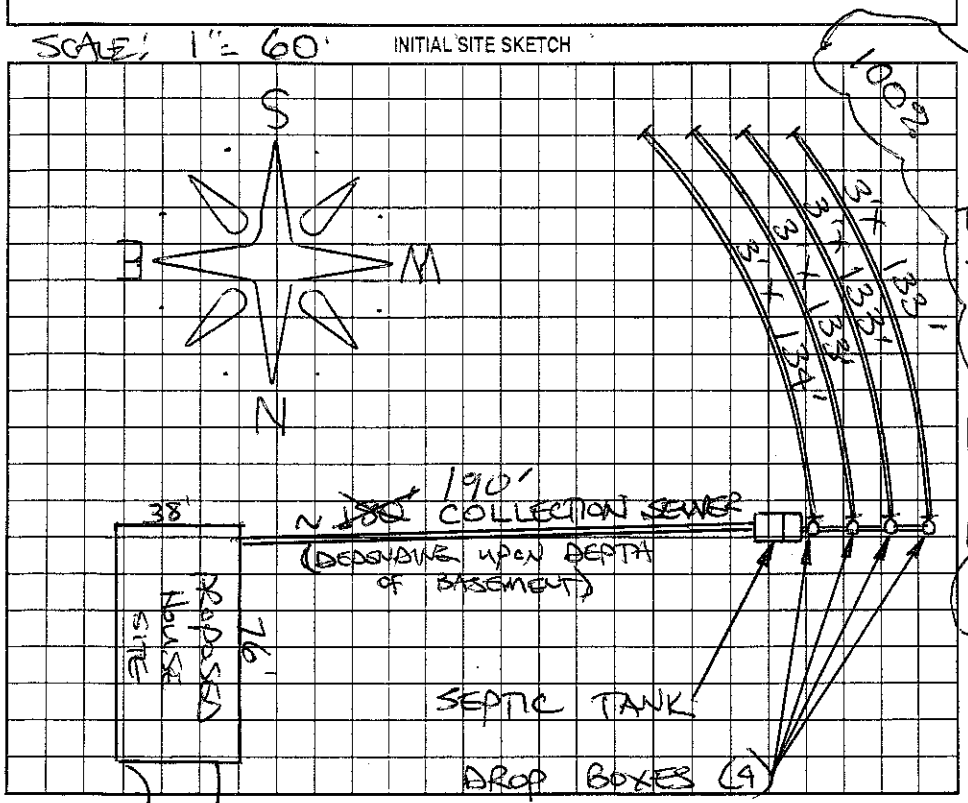
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: DISTANCE FROM HOUSE TO DRAINFIELD DEPENDS UPON DEPTH OF BASEMENT EXCAVATION

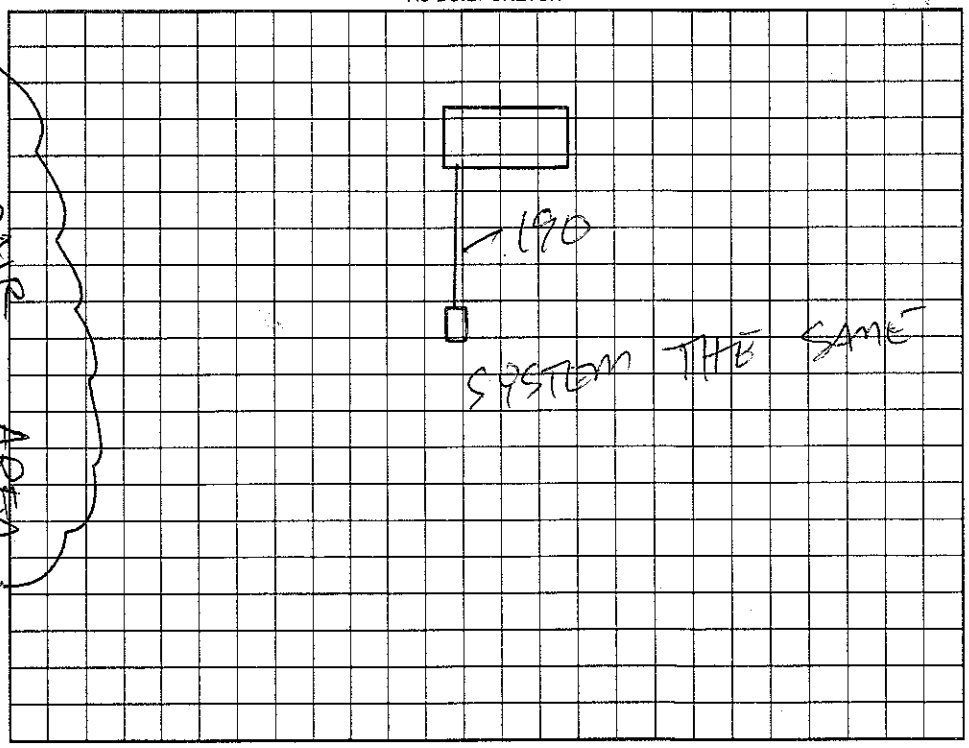
Comments/Conditions: ZABEL FILTER & 12 RISERS

SCALE: 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: DRIVEWAY + Todd Redmond date 9-12-02 Installed by: BRENT GALLIHARE

Improvement Permit by: STEVE HEDRICK date 9-12-02 Operation Permit by: _____ date 10-31-

Authorization to Construct by: STEVE HEDRICK date 9-12-02 Existing System Inspection by: _____ date _____

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