IREDELL COUNTY HEALTH DEPARTMENT

* This permit replaces issued 5-6-04 now void

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

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

PERMIT# 120009 PIN# 4833-22-6176 DATE 6/3/04

OWNER OR CONTRACTOR Gary Redmond PHONE: Business _____ Home 336 977 0125

ADDRESS PO Box 1158 West Jefferson, NC 28694

LOCATION Hwy 901 to Souther Rd to end TL Morgan Ford Rd Prop ~1mi on Left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1000 Gallons: STB 1007 Date 5-14-04
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: Con. Gravity
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☑ No

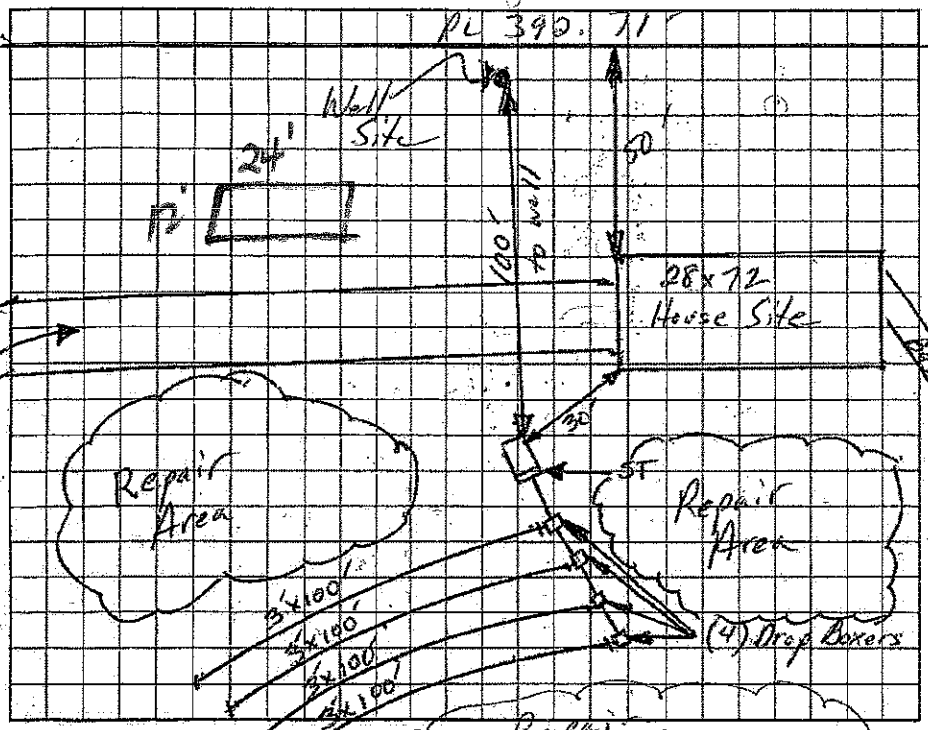
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community
well

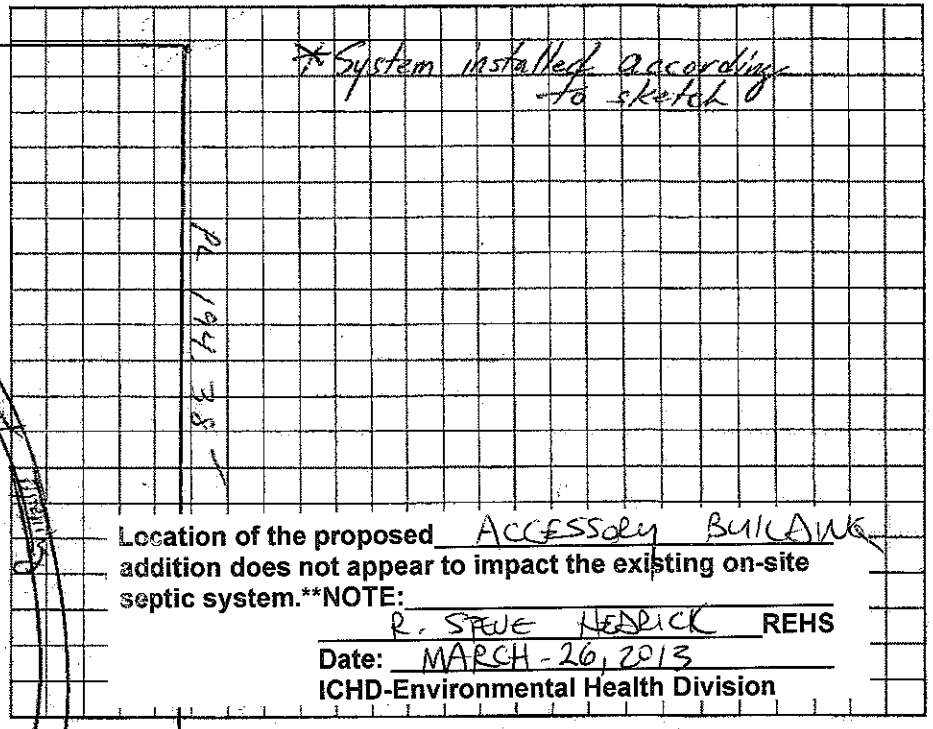
Comments/Conditions: ① Maintain all setbacks ② Install lines 24" on contour

Comments/Conditions: ① 12" riser ② Red Polylok ③ #57 stone

INITIAL SITE SKETCH



AS BUILT SKETCH



Location of the proposed ACCESSORY BUILDING addition does not appear to impact the existing on-site septic system.**NOTE:

R. STEVE HEDRICK REHS
Date: MARCH-26, 2013
ICHD-Environmental Health Division

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: Roxanna Redmond date 6-4-04

Improvement Permit by: Christopher M Shields, RS date 6-4-04

Authorization to Construct by: Christopher M Shields, RS date 6-4-04

Installed by: JAMES HUDLER

Operation Permit by: Christopher M. Shields, RS date 7-28-04

Existing System Inspection by: _____ date _____

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