REDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 157294 PIN # 4863-61-0160 DATE 17 July 09

OWNER or APPLICANT Walter Strang / Clayton Homes PHONE: Business (704) 873-3547 Home:

OWNER or APPLICANT ADDRESS 111 Scenic Point Drive Statesville

LOCATION / DIRECTIONS Hwy 77N TR 901 TL Eagle Mill Rd. TL Nations Way TL Scenic Point - 2nd left.

SUBDIVISION Cheshire Ridge BLOCK / SECTION 3 LOT # 13 LOT AREA 3 DESIGN FLOW 360 gpd L.T.A.R. 0.3

Septic Tank Existing Gallons: STB ____ Date ____

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields ____ No Lines ____ Linear Feet ____

Trench Width ____ Max. Trench Bottom Depth ____ Gravel Depth ____

☐ New System ☐ Repair ☐ Expansion System Type I II III IV V VI

System Description: 35% Reduction

Repair System Description: 50% Reduction - LPP

Maintenance Agreement Required ☐ YES ☑ NO

☐ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms ____

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

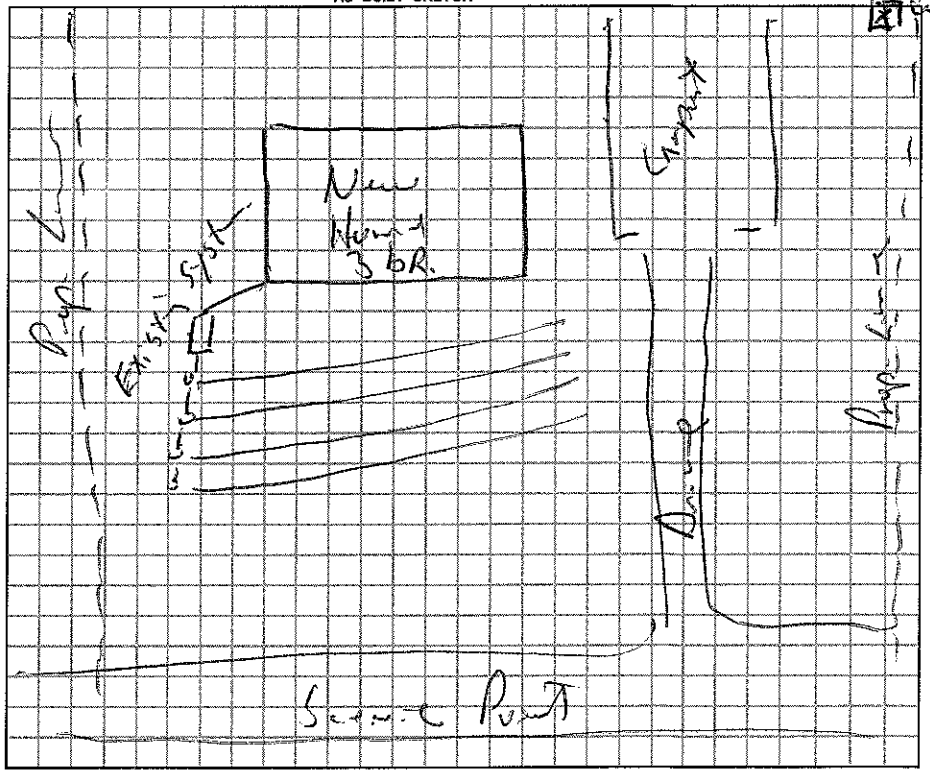
Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions

Comments / Conditions * Copy of original permit attached.

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 w / plat valid without expiration* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date 7/21/09

Improvement Permit by: ____ Date ____

Authorzation to Construct by: ____ Date ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: ____

Operation Permit by: ____ Date: ____

Existing System Inspected by: [signature], R.S. Date: 17 July 09

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant