IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 092074 PIN# 4702 89 5559 (PT) DATE 10-7-00

OWNER OR CONTRACTOR CLAUDETTE BALLARD PHONE: Business 878-6772 Home 450-1088

ADDRESS 2032 HAZELWOOD DRIVE, STATESVILLE NC 28625

LOCATION I-40 W, TL O.M.R., TR LEWIS FERRY RD., TL PINEDELL ACRES DR, TR SEBASTIAN LANE, LOT on RIGHT BEFORE END

SUBDIVISION JEFFERSON LANDING BLOCK / SECTION ____ LOT 15 LOT AREA 0.557 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT2

Septic Tank: 1000 Gallons; STB 1012 Date 11/27/00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet Eq. to 1200 Linear Feet 300+
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" ~~Bdrk~~ Depth ~~6' Sand~~

☐ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: 25% REDUCTION GRAVITY
Repair System Description: 50% REDUCTION PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

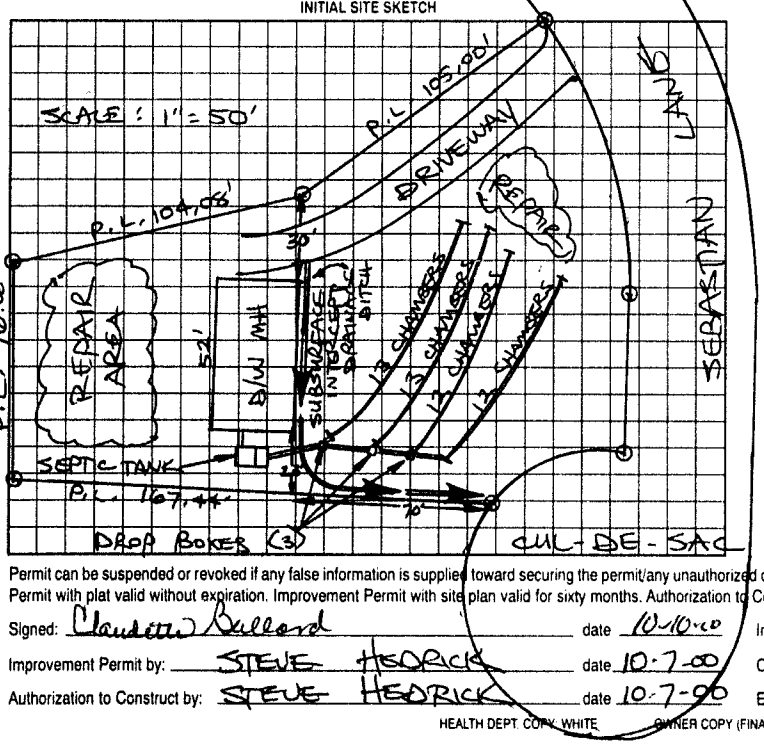
☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: ① CONSTRUCT SUBSURFACE INTERCEPT DRAINAGE DITCH AT LOCATION SHOWN BEGINNING 48" DEEP TO DAYLIGHT ② INSTALL 25% REDUCTION SYSTEM USING 50 CHAMBERS OR 30 HDS SECTIONS ON CONTOUR AS FLAGGED

Comments/Conditions: INSTALLED WITH RISERS & POLY LOK FILTERS

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS SHOWN

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: Claudette Ballard date 10-10-00

Improvement Permit by: STEVE HEDRICK date 10-7-00

Authorization to Construct by: STEVE HEDRICK date 10-7-00

Installed by: DALE WINGLER

Operation Permit by: [signature] date 12/08/01

Existing System Inspection by: ____ date ____

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