IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 075063 PIN# 4719 27 0837 DATE 7-22-98

OWNER OR CONTRACTOR JAMIE T. DISHMAN PHONE: Business 528-3320 (INTERACT) Home#

ADDRESS 133 DISHMAN RIDGE LANE, HIDDENITE, NC 28636

LOCATION NC 115 N, TL PISGAH, TR 1576, TR 1575, TL 1578, TR DISHMAN RIDGE LANE, END ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.75 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 3/15/99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345
No Lines THREE 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: CONV. GRAVITY
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

Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH

PISGAH RIDGE CIRCLE (GRAVEL)

DISHMAN RIDGE LANE

AS BUILT SKETCH

NOT TO SCALE

SEPTIC TANK

D. BOX

PROPERTY LINE

EXISTING

PROPOSED

3' x 115'

3' x 115'

WELL

I understand that this 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: _____ date _____ Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: STEVE HEDRICK date 7-22-98

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