~~10:00~~ 2:00

IREDELL COUNTY HEALTH DEPARTMENT

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

58228

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 20760 DATE 4-25-95 TAX MAP NO. 6C-7-A-55 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Thomas Hadle PHONE: Business _____ Home (717) 686-3171

ADDRESS 471 Conashaugh Lake. Milford, Pa 18337

LOCATION I-80W TL Old Mtn. TL Buffalo Shoals Rd. TL Grandview Drive, hse 3 1/4 mile on R.

SUBDIVISION Glen Ridge "D" BLOCK / SECTION _____ LOT 55 LOT AREA .36 SITE CLASS P.S. DESIGN FLOW 360 L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 2-8-96

Pump Tank: 1000 Gallons; PT 27 Date 2-8-96

Pump Make: Liberty Model LE51A Serial No. 303it

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'

No Lines 5 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: pump to conventional

Repair System Description: pump to Infiltrator

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2.5 No. Employees ____

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

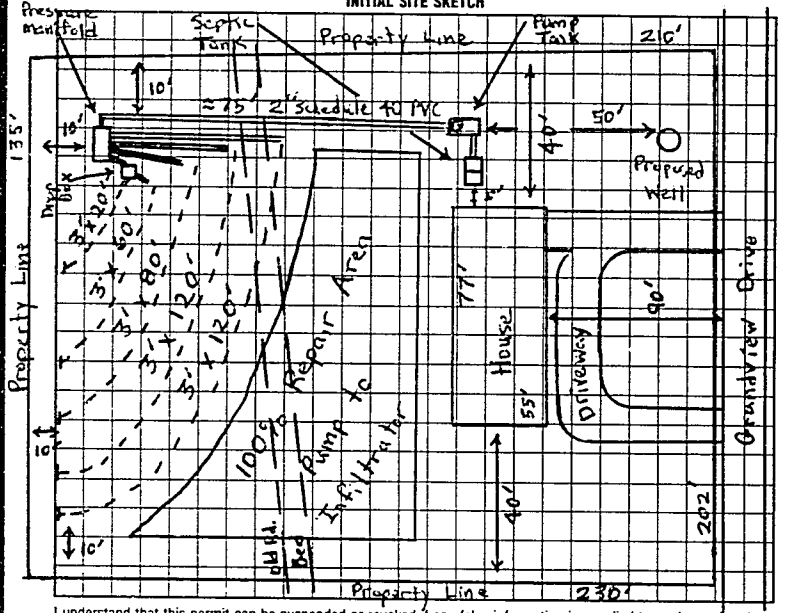
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Pump to pressure manifold (see attached #1). For pump diagram - see attached #2. Install drainlines shallow (no deeper than 24" to trench bottom). Keep lines and trenches on contour. Keep system 5' from foundation of home, 10' from all property lines, and max. feasible distance from any well and no closer than 50'.

Comments: Drain lines Pump manifold ck 3-27-96 JCM

Alarm ck. 4-23-96

INITIAL SITE SKETCH



AS BUILT SKETCH

Install pump that will deliver 38 GPM at 15.03 TDH. 100% Repair Area pump to Infiltrator.

Same as initial sketch except well is in front left corner.

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 is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: Michael J. Ramirez date 4-25-95

Existing System inspection by: _____ date _____

Installed by: James Hutler

Certificate of Completion by: _____ date _____

Operation Permit by: P.C. Moore date 4-23-96

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