H.DO

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 08 1640 PIN# 4740210301 DATE 2/21/2000

OWNER OR CONTRACTOR A.H. Inc PHONE: Business (704) 855-2300 Mobile Home Allen 202-5234

ADDRESS 450 Auction Dr. Salisbury NC 28147

LOCATION Perth Rd TL Coontz Hill TR Ridge Creek

SUBDIVISION Rocky Creek Cove BLOCK / SECTION ____ LOT 41 LOT AREA .605 Acre SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. 3

Septic Tank: 1000 Gallons; STB 1012 Date 3-10-00

Pump Tank: 1000 Gallons; PT 1 Date 10-29-99

Pump Make: Hydromatic Model SHEF40A1 Serial No. ____

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

No Lines 4 at 100' Trench Width 36" Max Trench Bottom Depth 18"-36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI

System Description: Pump-PM - Conventional

Repair System Description: Same

Maintenance Agreement Required: [ ] Yes [X] No

[ ] House/Mod. Home No. Bedrooms 3

[X] Mobile Home No. Bathrooms 2

[ ] Business No. Employees ____

[ ] Other ____

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

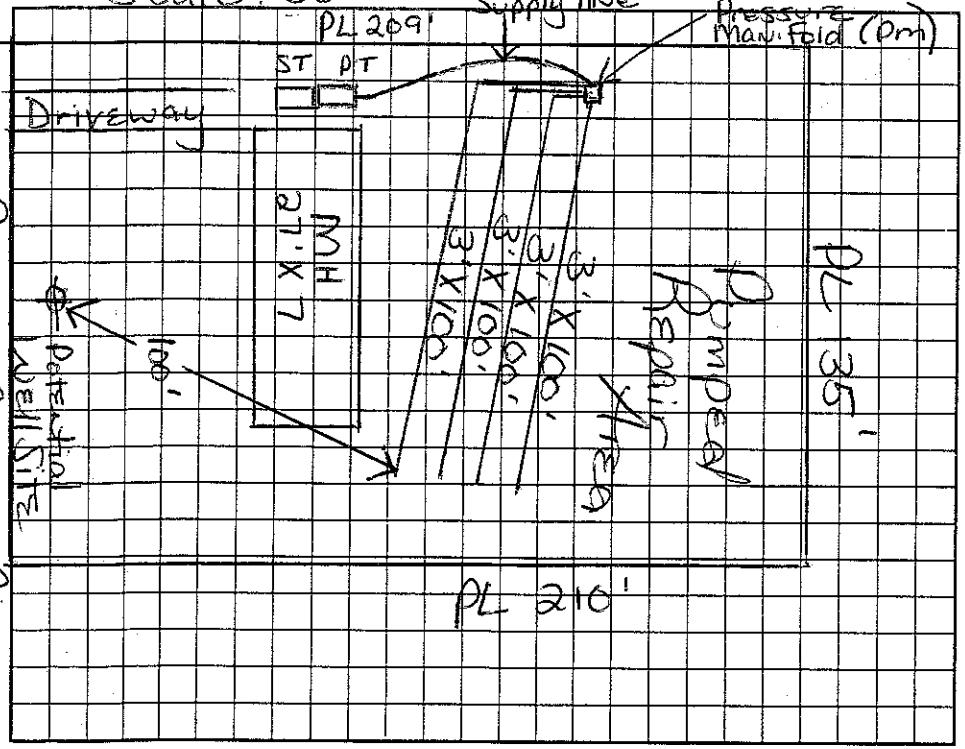
Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions: Keep Septic System at least 10' From PL & 5' From House.

Comments:/Conditions: Filter & Riser Inst
Tanks, lines & pressure checked 5/10/2000 mw
Check Float tree when alarm is checked.

INITIAL SITE SKETCH

Scale 1:50




AS BUILT SKETCH

194 Ridge Creek Drive

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 2-29-00 Installed by: Madison Bros

Improvement Permit by: Maria H.H. Dobson RS date 2/21/2000 Operation Permit by: Wesley Sparks R.S. date 2/27/01

Authorization to Construct by: Maria H.H. Dobson RS date 2/21/2000 Existing System Inspection by: ____ date ____

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