IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 110002 PIN# 4747-63-4776 DATE 12/10/02

OWNER OR CONTRACTOR Andy Jones PHONE: Business - Home (704) 876-6285

ADDRESS 134 Robin Hood Loop Statesville NC 28625

LOCATION Hwy 21 N (L) Shumaker Rd, (R) Saddlewood, (R) Appaloosa Lane, lot on left at end

SUBDIVISION Saddlewood BLOCK / SECTION # LOT 30 LOT AREA .573 Ac SITE CLASS. F5 DESIGN FLOW 480 L.T.A.R. .30 gpd

Septic Tank: 1,000 Gallons; STB 1007 Date 1-6-03

Pump Tank: 1,000 Gallons; PT 274 Date 9-19-02

Pump Make: Gould Model w E3011M Serial No. H0239631

Nitrification Field: No Fields 1 Square Feet Equiv. to 1600 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: Pump, 25% Reduction

Repair System Description: Pump, 50% Red/Cap

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 4 No. Bathrooms 2½ No. Employees ____

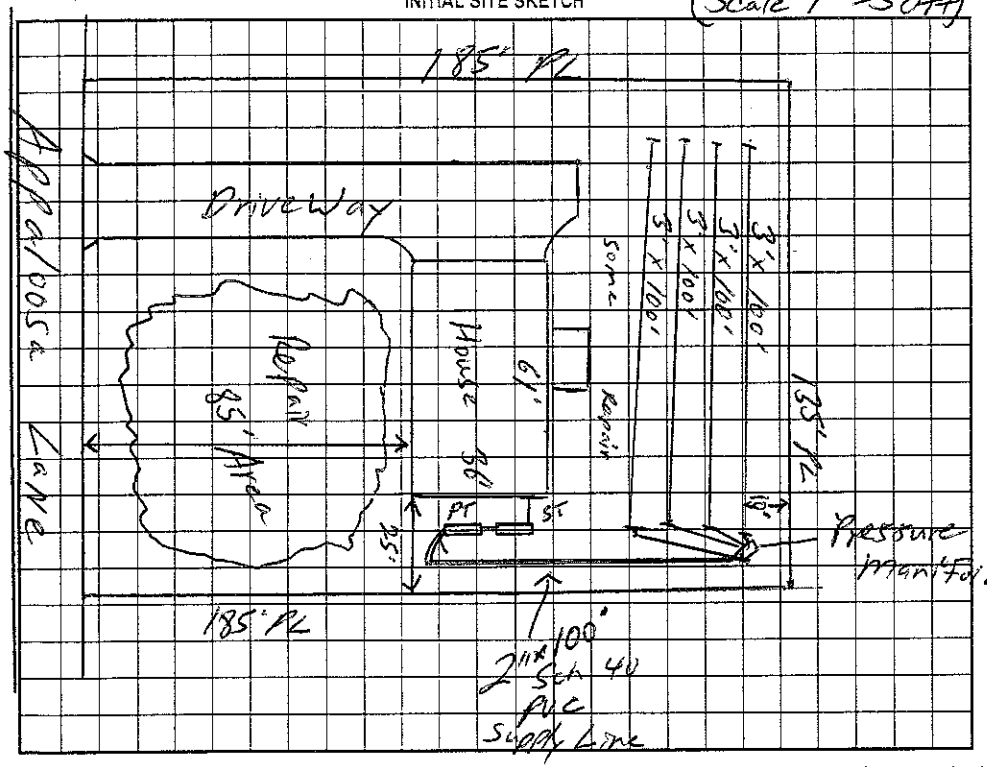
Water Supply: [ ] Individual [X] Public [ ] Community

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

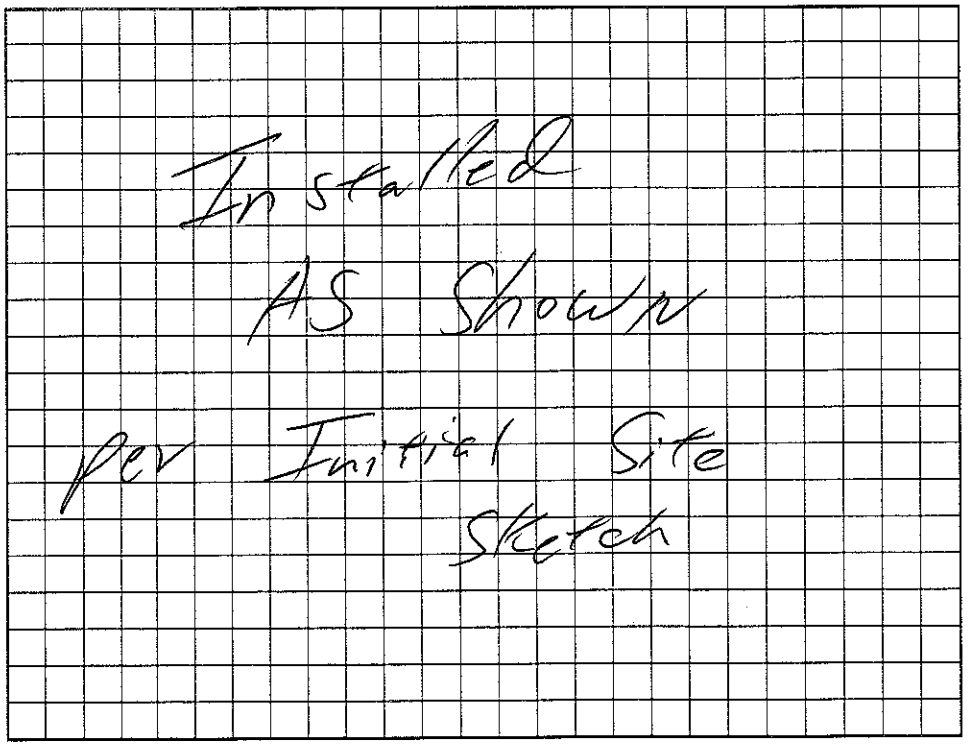
Comments/Conditions: (1) Install 25% Reduction System (2) See Attached Sheets for Pump + Pressure Manifold requirements.

Comments/Conditions: Tank+Lines Inspected 3-26-03 ok w/ - Pressure Check, Float Check 4/11/03 ok - Electrical + Alarm Okay - 4/22/03

INITIAL SITE SKETCH (Scale 1"=50FT)



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 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: Andy Jones date 12-13-02 Installed by: Tommy Frye

Improvement Permit by: William O. Johnson date 12/13/02 Operation Permit by: William O. Johnson date 4/22/03

Authorization to Construct by: William O. Johnson date 12/13/02 Existing System Inspection by: ____ date ____

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