IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 087388 PIN# 4768 98 5428 DATE 3-8-00

OWNER OR CONTRACTOR J. B. MOORE PHONE: Business Home 546-7559

ADDRESS 119-34 193 ST. JAMAICA, NY 11412

LOCATION US 21 NORTH, TR CHIEF THOMAS RD, TR CHADWICK ROAD, 0.25 MILE ON LEFT

SUBDIVISION BLOCK / SECTION LOT LOT AREA 6.08 ACRES SITE CLASS FS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 2-30-00
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12

☑ New System ☐ Repair System Type: I ☐ II. IV. V. VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees

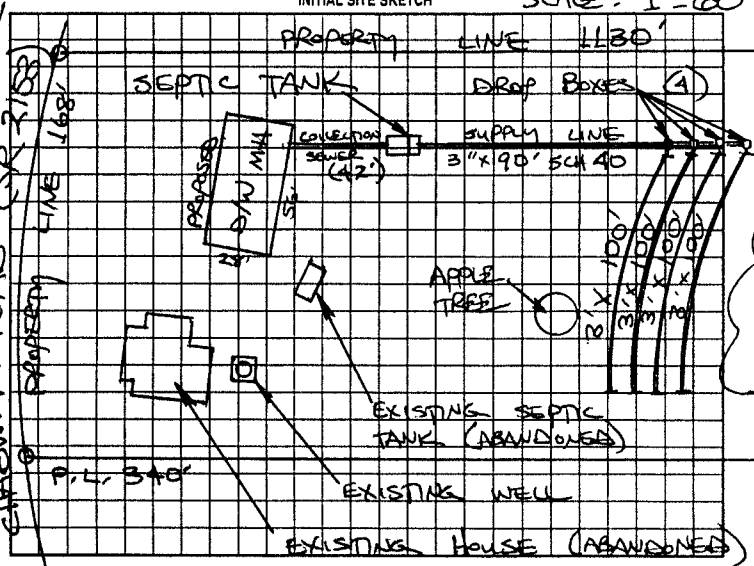
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

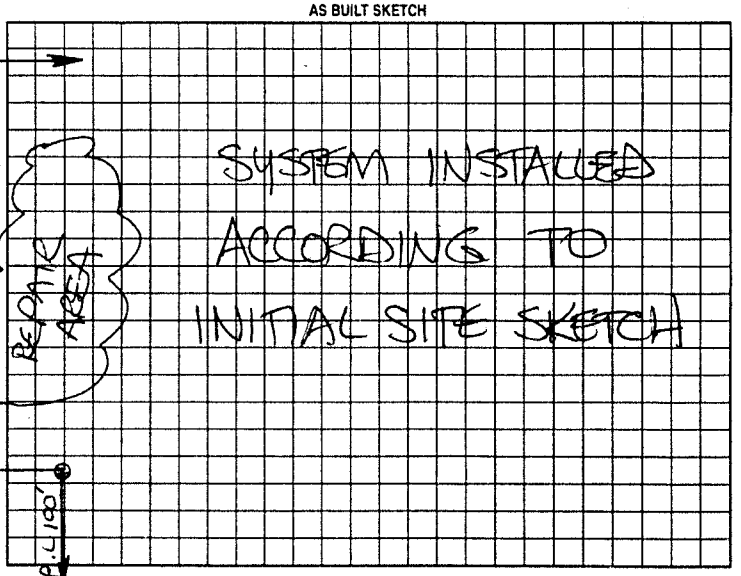
Comments:/Conditions: ① KEEP SYSTEM MINIMUM 100' FROM WELL ② INSTALL LINES ON CONTOUR AS FLAGGED, NO DEEPER THAN 30"

Comments:/Conditions: SEPTIC TANK WITH RISERS INSTALLED USING "POLYLOK" FILTER

INITIAL SITE SKETCH SCALE: 1" = 60'



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: J. B. Moore date 3-8-00 Installed by: FORREST STAFFORD

Improvement Permit by: STEVE HEDRICK date 3-8-00 Operation Permit by: STEVE HEDRICK date 5-5-00

Authorization to Construct by: STEVE HEDRICK date 3-8-00 Existing System Inspection by: date

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