IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 125262 PIN# 4822-38-6736 2190 DATE 2-16-05

OWNER OR CONTRACTOR JAMES CADLE PHONE: Business (304) 787-5847 Home (704) 592-5033

ADDRESS 230 JOHN LANE RD. COOL RIDGE, VA 25825

LOCATION HWY 115N TR RUPARD RD ~ 1 MILE ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.90 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1000 Gallons; STB 1007 Date 2-16-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 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: LP PANEL 50% REDUCTION
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms _____
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

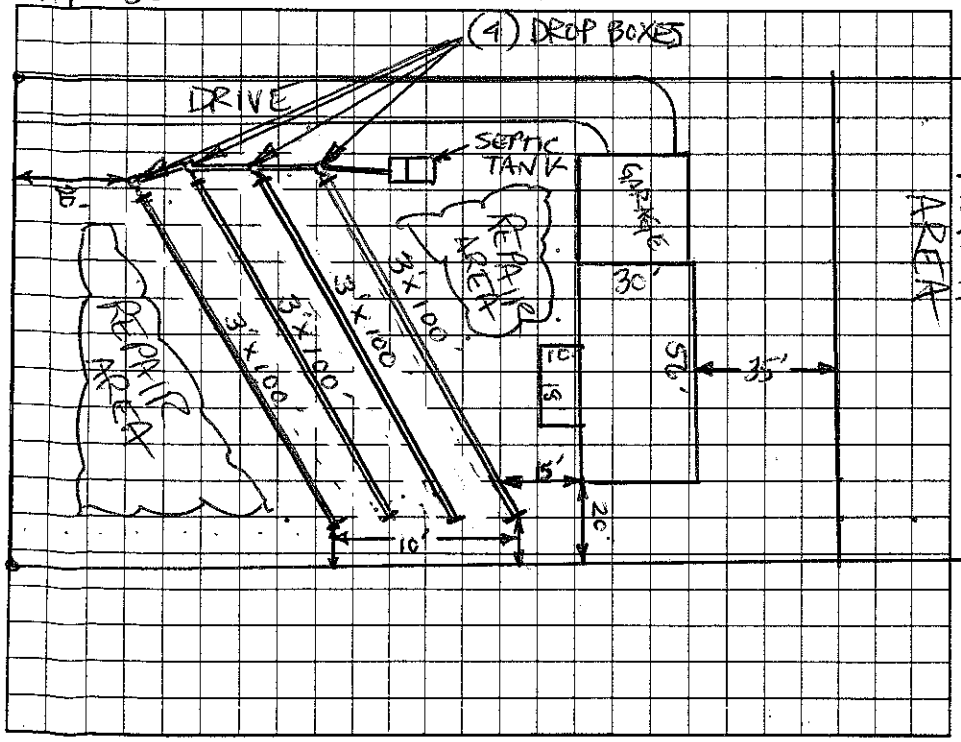
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: ① INSTALL SYSTEM ON CONTOUR
② MAINTAIN SETBACKS

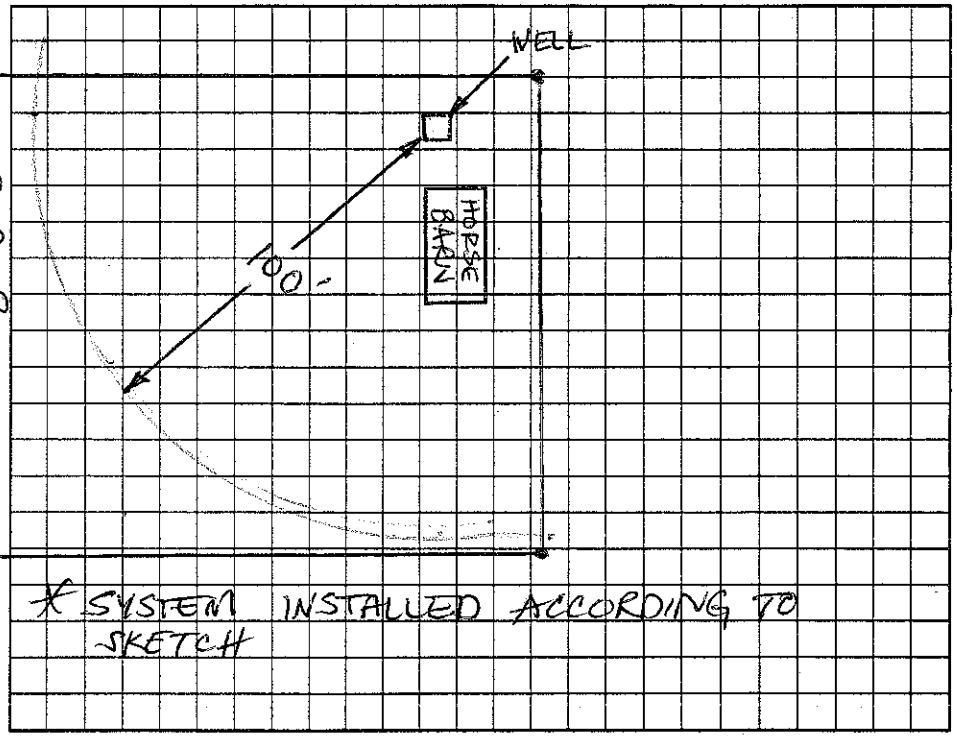
Comments:/Conditions: 'ZABEL' FILTER IN TANK
RISER ON TANK

SCALE 1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH



* SYSTEM INSTALLED ACCORDING TO 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: Billy Burgett 2/22/05 date _____ Installed by: KENNY MADISON

Improvement Permit by: Christopher M. Sherrill RS, LSS date 2-16-05 Operation Permit by: Christopher M. Sherrill RS, LSS date 4-14-05

Authorization to Construct by: Christopher M Sherrill RS, LSS date 2-16-05 Existing System Inspection by: _____ date _____

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