IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093973 PIN# 4830 57 8453 DATE 02/07/01

OWNER OR CONTRACTOR DEAN DENHAM PHONE: Business _____ Home 876-3748

ADDRESS 993 FRIENDSHIP RD, STATESVILLE, NC 28625

LOCATION N on JENNINGS (L) on Friendship (R) At Friendship Saddle Btk, BESIDE it

SUBDIVISION _____ BLOCK / SECTION _____ LOT 8 LOT AREA .5 SITE CLASS P5 DESIGN FLOW 240 L.T.A.R. 1.3

Septic Tank: 1000 Gallons: STB 794 Date 1-5-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet EQ to 1200' Linear Feet 135
No Lines 3 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I. II. (III) IV. V. VI
System Description: GRAV 50% REDUCTION
Repair System Description: PUMP 50% REDUCTION
Maintenance Agreement Required: [ ] Yes [X] No

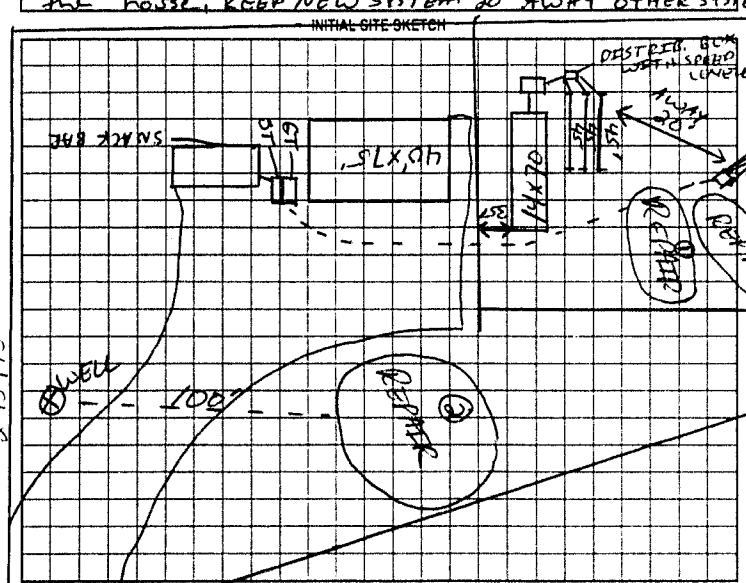
[ ] House/Mod. Home No. Bedrooms 2
[X] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other _____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

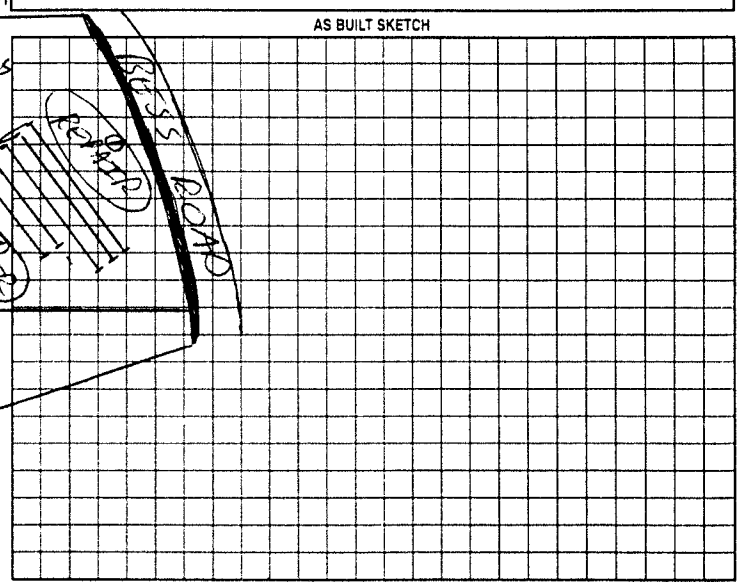
Comments/Conditions: (1) KEEP LINES ON CONTOUR (2) Use Distribution BOX with Speed Levelers (3) INSTALL 3 lines 45' Long. (4) Keep system 10' off property line 25' off the house, KEEP NEW SYSTEM 20' AWAY OTHER SYSTEM

Comments/Conditions INSTALLED AS SHOWN WITH BOX & DIC FILTER & MARKER

INITIAL SITE SKETCH



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: _____ date _____

Improvement Permit by: _____ RSI date 02/07/01

Authorization to Construct by: _____ RSI date 02/07/01

Installed by: TUCKER'S PLUMBING & GRADING

Operation Permit by: _____ RSI date 03-12-01

Existing System Inspection by: _____ date _____

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