IREDELL COUNTY HEALTH DEPARTMENT

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

STATESVILLE 704-878-5305 (a) (a) MOORESVILLE 704-664-5281

PERMIT# 151305 PIN# 4831757586

OWNER OR APPLICANT Rickey D Jordan PHONE: Business _____ Home 704 539-5364 DATE 7-11-08

ADDRESS 191 Journey Ridge Lane

LOCATION 77N to (L) on Tomlin Mill Rd (R) on Jennings (L) on Trumpet Branch (L) Eupeptic Springs (R) on Journey Ridge, on Left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 16.2 acres SITE CLASS P5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 760 Date 4-27-08

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Reduction Gravity

Repair System Description: 25% Reduction Gravity

Maintenance Agreement Required: ☐ Yes ☒ No

☐ Gravity ☐ Pressure

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons _____ No. Employees _____

Water Supply: ☒ Individual ☐ Public ☐ Community

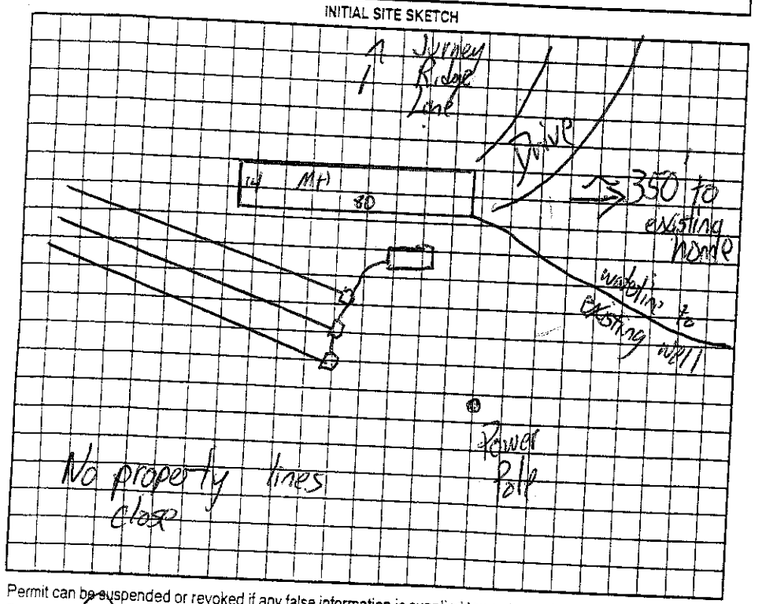
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

(3) 3' x 100'
(3) drop boxes

Comments:/Conditions:

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 7-11-08

Improvement Permit by: _____ date 7-11-08

Authorization to Construct by: _____ date 7-11-08

Installed by: Brent Garlitz

Operation Permit by: _____ date 7-18-08

Existing System Inspection by: _____ date _____

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