IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 077432 PIN# 4851 88 2906 DATE ~~1-21-99~~

OWNER OR CONTRACTOR JAMES R. HADEN PHONE: Business _____ Home 872-0227

ADDRESS P.O. BOX 1651, STATESVILLE NC 28687

LOCATION I-77 N, TR NC 901, TR JERICHO RD, TL DAMRON LANE, 1ST LOT ON LEFT

SUBDIVISION JERICHO RIDGE BLOCK / SECTION I LOT 20 LOT AREA .96 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 12-18-98
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet EQ TO 1200 Linear Feet 200
No Lines FIVE Trench Width 24" Max Trench Bottom Depth 30"

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: PPBPS, GRAVITY-FED
Repair System Description: PPBPS, PUMP/GRAVITY
Maintenance Agreement Required: [ ] Yes [X] No
Gravel Depth 6" SAND [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

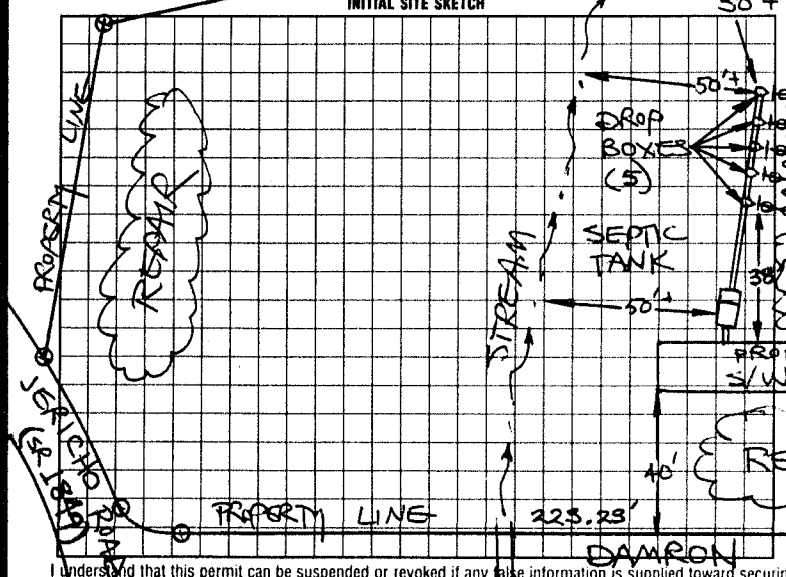
[ ] House/Mod. Home No. Bedrooms 3
[X] Mobile Home No. Bathrooms 1
[ ] Business No. Employees _____
[ ] Other _____

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

Comments:/Conditions: INSTALL FORTY-FIVE (45) PPBPS PANELS IN FIVE EQUAL LENGTH LINES AS SHOWN BELOW.

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE SKETCH

I understand that this 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 1/28/99 Installed by: FOREST SYMFORD

Improvement Permit by: STEVE HEDRICK date ~~1-21-99~~ 1-21-99 Operation Permit by: STEVE HEDRICK date 3-2-99

Authorization to Construct by: STEVE HEDRICK date ~~1-21-99~~ 1-21-99 Existing System Inspection by: _____ date _____

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