IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 90133 PIN# 485 18 92384 DATE 7/18/00

OWNER OR CONTRACTOR BOB HADEN PHONE: Business _____ Home _____

ADDRESS PO BOX 1651 STATESVILLE NC 28687

LOCATION 901 - TR JERICHO - TL DAMRON - 3rd ON LT

SUBDIVISION JERICHO ACRES BLOCK / SECTION _____ LOT 18 LOT AREA .8 AC SITE CLASS P5 DESIGN FLOW 360.00 L.T.A.R. .36 GPD/FT²

Septic Tank: 1000 Gallons; STB 012 Date 5-20-02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200
No Lines 4 @ 50' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: GRAVITY PANEL
Repair System Description: PUMP PANEL
Maintenance Agreement Required: ☐ Yes ☑ No

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

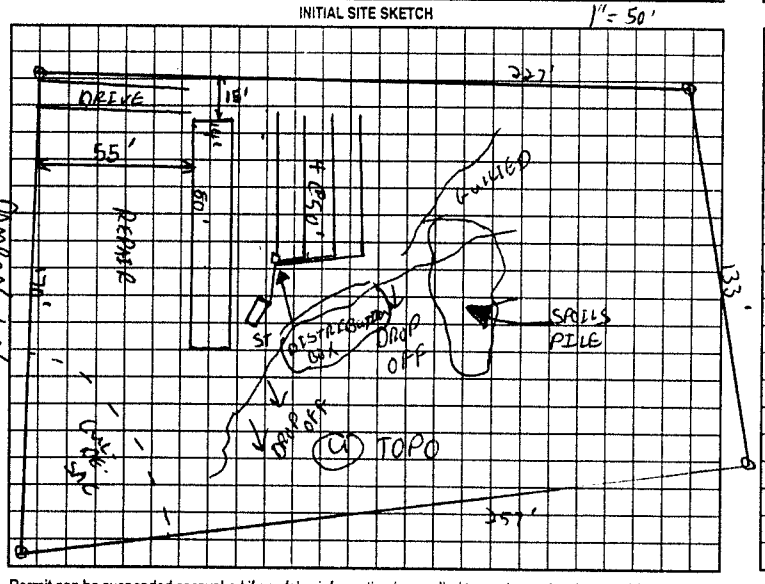
Gravel Depth N/A
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: ① DRAWINGS INSPECTED 7-25-02 ② DISTRIBUTION TO BE SET ③ SEPTIC TANK WITH MARKER INSTALLED USING "Poly Lok" FILTER

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: Bob Haden date 8-3-00
Improvement Permit by: C. B. Z. NS date 7/18/00
Authorization to Construct by: C. B. Z. NS date 7/18/00

Installed by: FOREST STAFFORD
Operation Permit by: STEVE HEDRICK date 7-26-02
Existing System Inspection by: _____ date _____

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