IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☐ STATESVILLE OFFICE 704-878-5305 (C1) ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 168370 PIN # 4851-89-2384 DATE SEPT, 15, 2011

OWNER JAMES R. HAAGN APPLICANT: SAME PHONE: Home/Cell # 704-872-0227 Business # 704-437-6250

SITE ADDRESS 123 DAMRON LN, OLIN, 28660 OWNER / APPLICANT ADDRESS 349 GILBERT ROAD, STATESVILLE, NC 28677

SITE DIRECTIONS I-77N, TR NC 901, TR JERICHO RD, TL DAMRON LANE, LOT AT END ON LEFT

SUBDIVISION JERICHO RIDGE BLOCK / SECTION 1 LOT # 18 LOT AREA 0.84 Ac DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank 1000 Gallons: STB 1012 Date 5-22-02

Pump Tank ____ Gallons: PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

No. Nitrification Fields: 1 No. Lines 4 Linear Feet 200

Trench Width 36" Max. Trench Bottom Depth 36" Cover Depth 24"

☐ New System ☐ Repair ☐ Expansion System Type I II (III) IV V VI

System Description: PPBPS GRAVITY

Repair System Description: PPBPS PUMP

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☒ Crawl Space

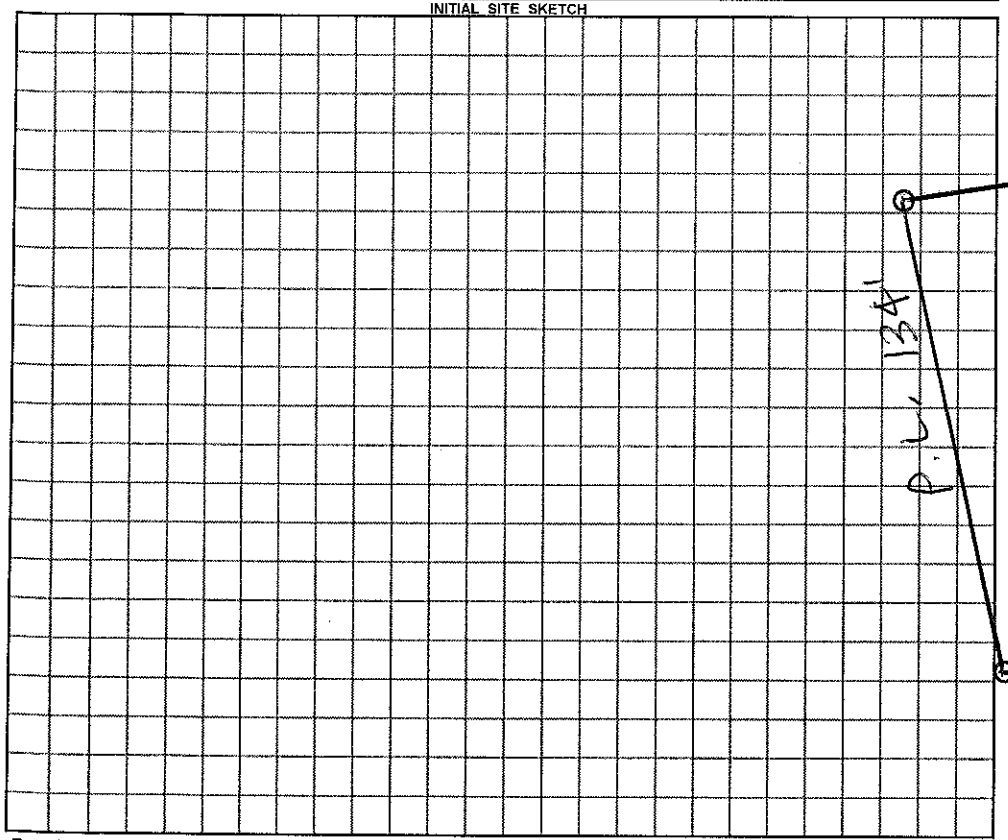
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

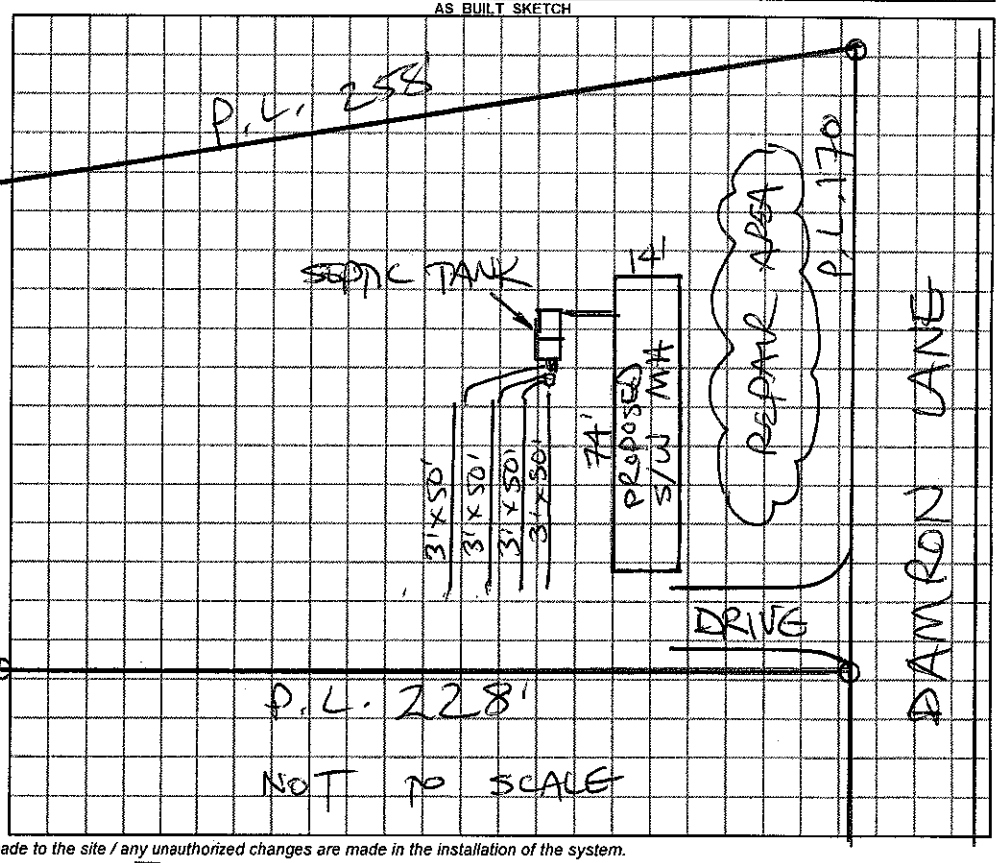
Comments / Conditions

KEEP MH FOUNDATION MINIMUM 5' FROM SYSTEM

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 ~~plat valid without expiration.~~ site plan valid 60 mo. ☐ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: ____ Date ____ Installed by: ____

IMPROVEMENT PERMIT by: ____ ***REHS*** Date ____ OPERATION PERMIT by: ____ ***REHS*** Date ____

AUTHORIZATION TO CONSTRUCT by: ____ ***REHS*** Date ____ Existing System Inspected by: R. STEVE HEDRICK ***REHS*** Date 9-15-11

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant