IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072370 PIN# 4851 87 3804 (PT) DATE 4-9-98

OWNER OR CONTRACTOR JAMES R. HADEN PHONE: Business 872-0227 Home 838-1365

ADDRESS P.O. BOX 1651, STATESVILLE, NC 28687

LOCATION I-77 N, TR NC 901, TR JERICHO RD, TL DAMRON LANE, 3RD LOT ON RIGHT

SUBDIVISION JERICHO RIDGE BLOCK / SECTION ____ LOT 16 LOT AREA 1.11 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.33 GPD/FT2

Septic Tank: 1000 Gallons; STB 620/928 Date 1-20-2000
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No. Fields 1 Square Feet 1080 Linear Feet 360
No. Lines FOUR Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

[X] New System [ ] Repair System Type: I (II), III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: [ ] Yes [X] No
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

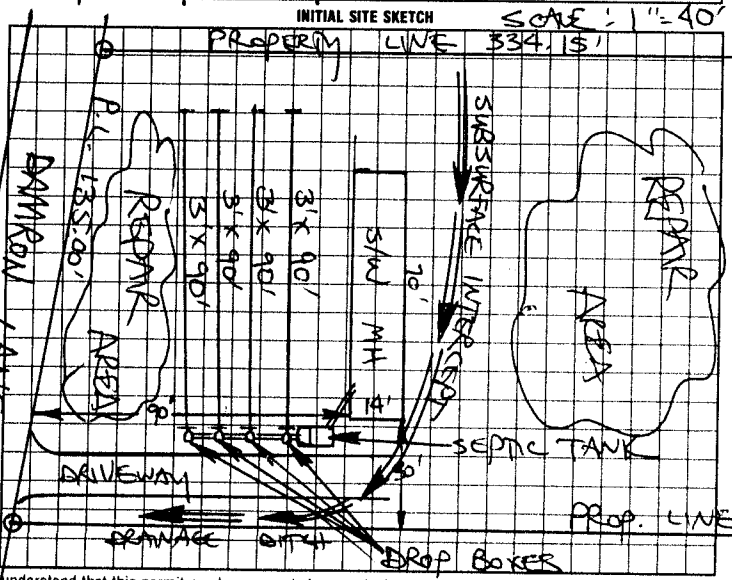
[X] House/Mod. Home No. Bedrooms 3
[X] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other ____

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

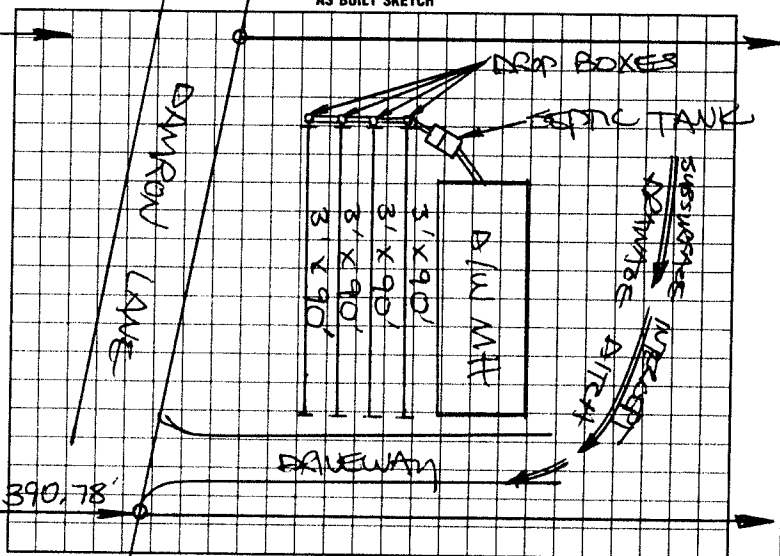
Comments/Conditions: (1) INSTALL SUBSURFACE INTERCEPT DRAINAGE DITCH AT LOCATION SHOWN BEGINNING 42" DEEP OUT TO DAYLIGHT (2) INSTALL LINES ON CONTOUR, NO DEEPER THAN 24"

Comments/Conditions: (1) SEPTIC TANK RELOCATED WITH PRIOR APPROVAL FROM HEALTH DEPT. (2) SEPTIC TANK WITH RISERS AND MARKER INSTALLED USING "ZABEL" FILTER

INITIAL SITE SKETCH SCALE: 1"=40'



AS BUILT 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 ____

Improvement Permit by: STEVE HEDRICK date 4-9-98

Authorization to Construct by: STEVE HEDRICK date 4-9-98

Installed by: TOMMY NIXON

Operation Permit by: STEVE HEDRICK date 3-27-2000

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