IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088480 PIN# 4851 89 5372 DATE 4-11-00

OWNER OR CONTRACTOR LOUISE GONZALES PHONE: Business 872-0227 Home

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

LOCATION I-77 N, TR NC 901, TR JERICHO ROAD, TL DAMRON LANE, 4TH LOT ON RIGHT

SUBDIVISION JERICHO RIDGE BLOCK / SECTION II LOT 17 LOT AREA 0.91 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1007 Date 3-17-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet ~~60~~ 1200 Linear Feet 300+
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" ~~Gravel~~ Depth SAND 6"

☒ New System ☐ Repair System Type I ~~II~~ III IV V VI
System Description: 25% REDUCTION GRAVITY
Repair System Description: CONVENTIONAL, Pump
Maintenance Agreement Required: ☐ Yes ☒ No

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

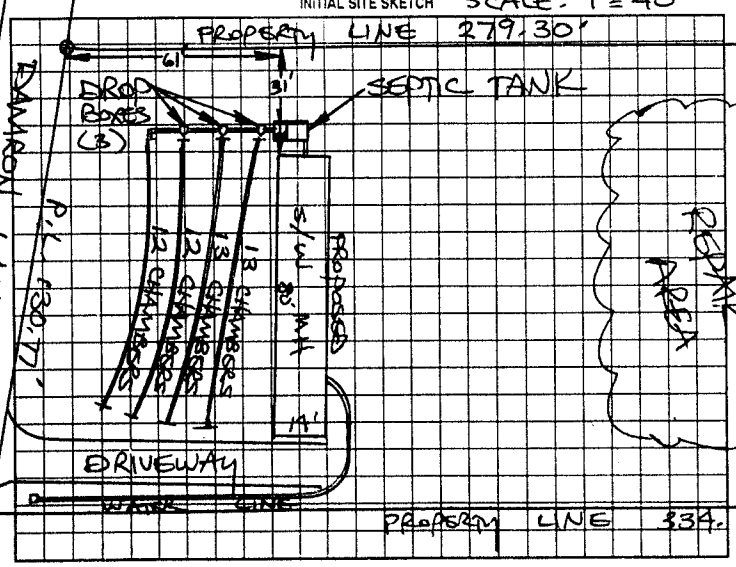
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

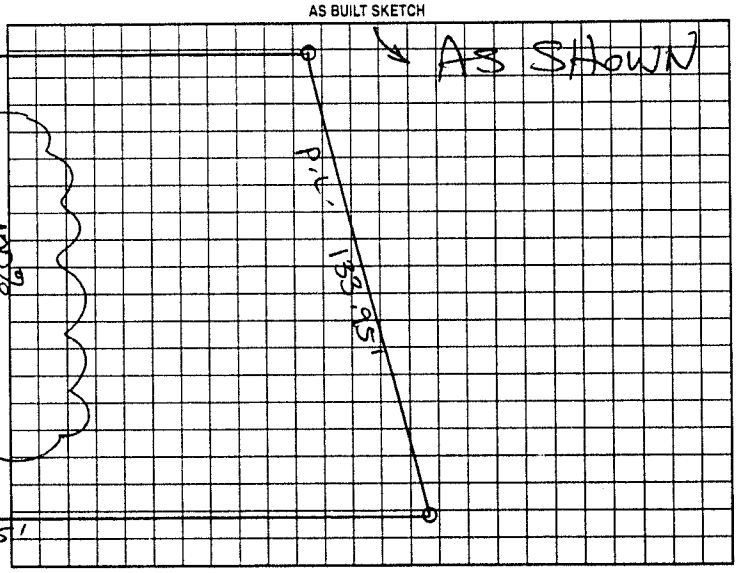
Comments/Conditions: INSTALL 25% REDUCTION SYSTEM USING FIFTY (50) CHAMBERS OR THIRTY (30) HDS SECTIONS ON CONTOUR AS FLAGGED ON SITE

Comments/Conditions: SEPTIC TANK WITH RISERS INSTALLED ~~AT~~ USING "ZABEL" FILTER

INITIAL SITE SKETCH SCALE: 1"=40'



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 4/12/00 Installed by: TRAVIS ENTERPRISES

Improvement Permit by: STEVE HEDRICK date 4-11-00 Operation Permit by: ~~[redacted]~~ STEVE HEDRICK date 5-1-00

Authorization to Construct by: STEVE HEDRICK date 4-11-00 Existing System Inspection by: _____ date _____

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