IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 129835 PIN# 4851983765 DATE 8-12-05

OWNER OR CONTRACTOR Eric Ward PHONE: Business 704-902-1818 Home 704-622-6929

ADDRESS 849 Conner Str. Statesville NC 28677

LOCATION 77N-90(R) Jericho (R) Corner Daisy and Jericho

SUBDIVISION Jericho Ridge BLOCK / SECTION 1 LOT 8 LOT AREA 0.76 AC SITE CLASS RS DESIGN FLOW 480 L.T.A.R. 3

Septic Tank: 1000 Gallons; STB 760 Date 4-1-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet 1600 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth N/A

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: 25% Graded
Repair System Description: 50% Pump - PR
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ___
☐ Business No. Employees ___
☐ Other _____

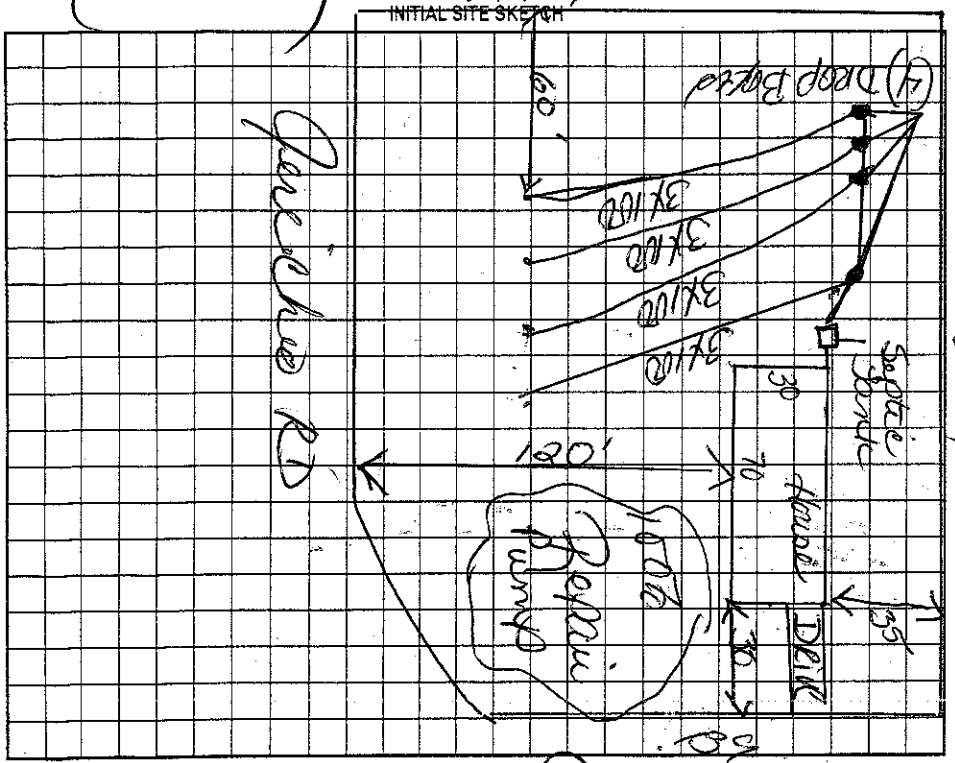
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: Install on contour. Locate contour after grading. 24" MAX Trench Depth (1"=60')

Comments:/Conditions: ① Red Polylock filter installed in septic tank ② Septic tank marker installed

INITIAL SITE SKETCH



AS BUILT SKETCH

② System installed in very poor weather conditions.

④ System installed today 8-17-05 8-18-05 - Rained all night - Poor Bap called for 1st inspection 8-18-05 at 9:00 AM System was sealed in Rain.

③ 24 in. Water installed

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 plan 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 8/12/05 Installed by: Poor Bap

Improvement Permit by: Keith Cook date 8-12-05 Operation Permit by: Keith Cook date 8-18-05

Authorization to Construct by: Keith Cook date 8-12-05 Existing System Inspection by: _____ date _____

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