IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072367 PIN# 4851 87 3804 (PT) DATE 4-9-98

OWNER OR CONTRACTOR JAMES R. HADEN PHONE: Business 872-6227 Home 838-1365

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

LOCATION I-77 N, TR NC 901, TR JERICHO RD, TL DAISY FIELD CIRCLE, 3RD LOT ON LEFT

SUBDIVISION JERICHO RIDGE BLOCK / SECTION ____ LOT 6 LOT AREA 0.95 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.35 SQFT/GPD

Septic Tank: 1000 Gallons; STB 1012 Date 4-7-99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345
No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONVENTIONAL GRAVITY
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

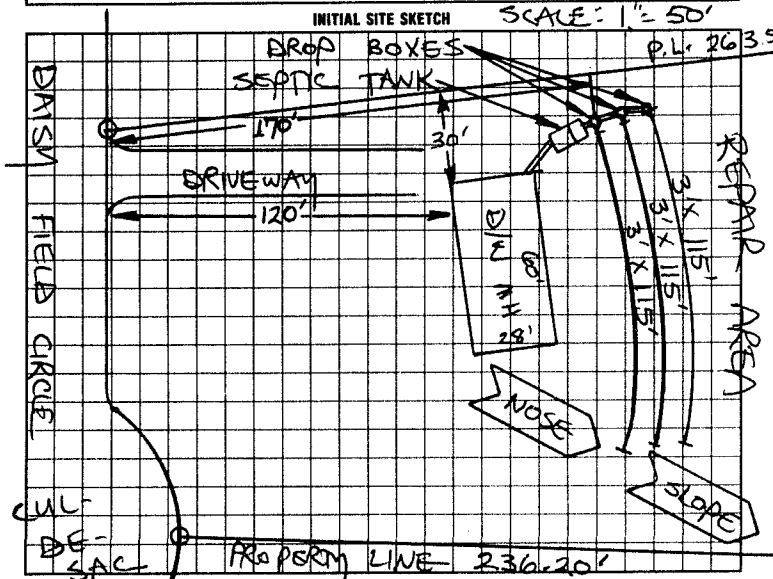
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual ☒ Public ☐ Community

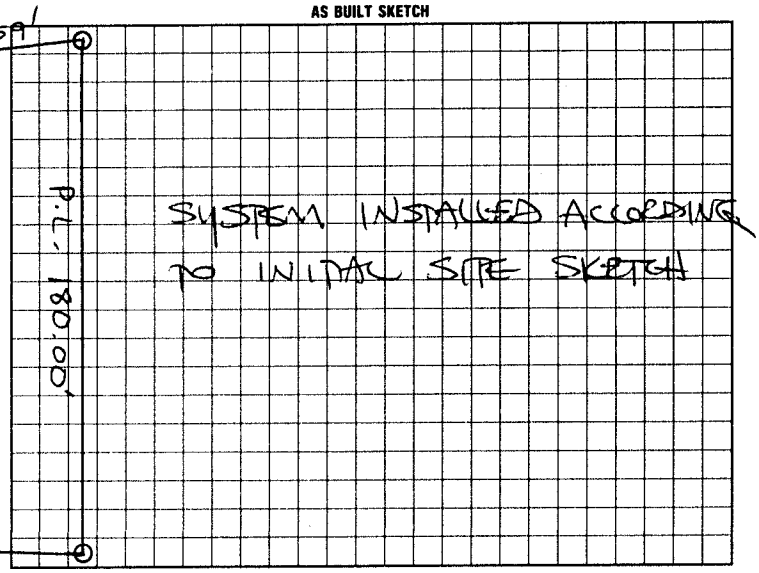
Comments:/Conditions: INSTALL LINES ON CONTOUR AS FLAGGED

Comments:/Conditions: SEPTIC TANK WITH RISERS INSTALLED USING "POLYLOK" FILTER

INITIAL SITE SKETCH SCALE: 1" = 50'



AS BUILT SKETCH



SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: FOREST STAFFORD

Operation Permit by: STEVE HEDRICK date 5-27-99

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