IREDELL COUNTY HEALTH DEPARTMENT STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 160027 PIN # 4626663577 2 (Randall Jarrett) DATE 3-2-2010

OWNER or APPLICANT E.S. Johnson Builders, Inc PHONE: Business 704 201-2158 Home: 704 987-7950

OWNER or APPLICANT ADDRESS P.O. Box 1402 Cornelius, NC 28031

LOCATION / DIRECTIONS Brawley School Rd TR South Fork bear right on Agnew TR Green Morris Ln at end.

SUBDIVISION The Farms BLOCK / SECTION LOT # 8 LOT AREA .858 Ac DESIGN FLOW 480 gpd L.T.A.R. + 3

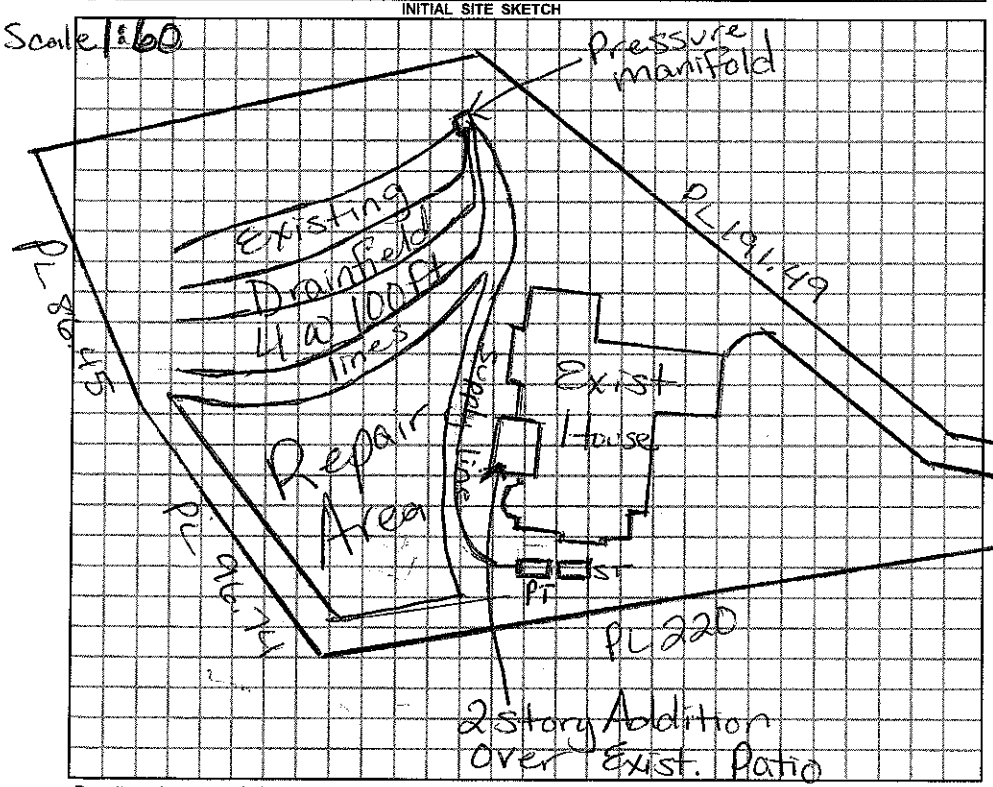
Septic Tank	1500 Gallons: STB	Date	☐ New System ☐ Repair ☐ Expansion System Type I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000 Gallons: P T	Date	System Description: Exist. Pump-25% Reduction	☐ Business	No. Persons	☐ Private
Pump Make	Model	Serial #	Repair System Description: Pump-25-50% Reduction	☐ Other	No. Employees	☒ Public
Nitrification Field	No Fields	No Lines 4 Linear Feet 400'	Maintenance Agreement Required ☐ YES ☒ NO	☐ Slab	☐ Crawl Space	☒ Community
Trench Width	36" Max. Trench Bottom Depth 36"	Gravel Depth N/A	☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Existing Septic System Appears to be Functioning okay at time of inspection.

Comments / Conditions: The proposed addition/expansion should not impact existing Septic System. Must keep addition at least 5ft From Septic System.

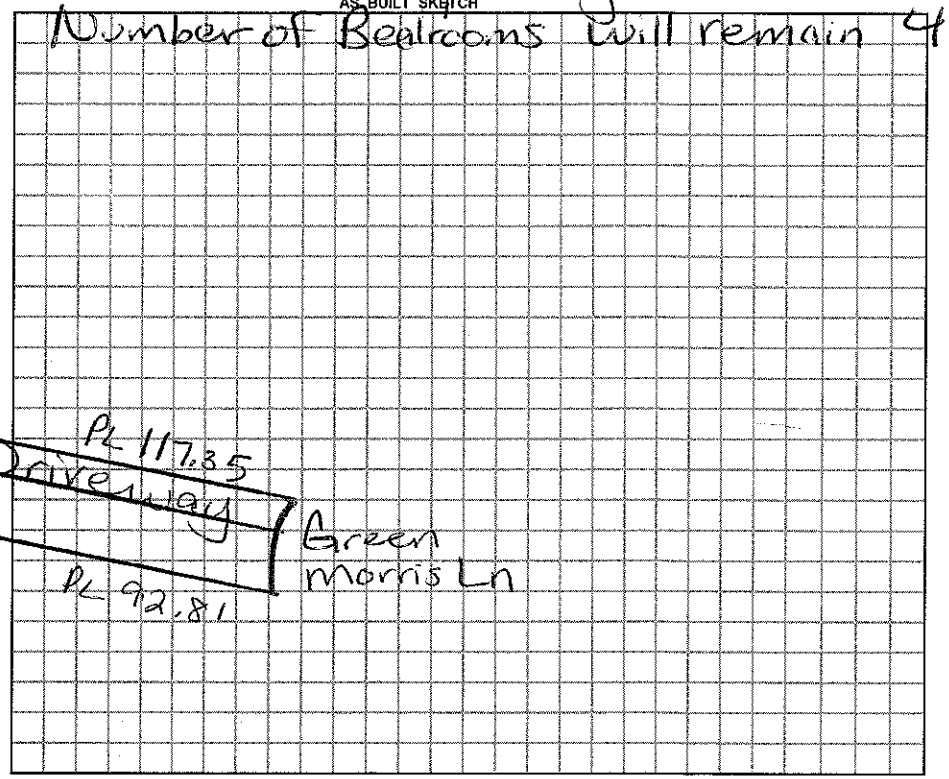
INITIAL SITE SKETCH

Scale 1" = 60'



AS BUILT SKETCH

Number of Bedrooms will remain 4.



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

Owner / Applicant Signature: X _____ Date 3-3-2010

Improvement Permit by: _____ Date _____

Authorzation to Construct by: _____ Date _____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: _____

Operation Permit by: _____ Date:

Existing System Inspected by: _____ REHS Date: 3/2/2010

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant