# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 094666 PIN# 4623781940 8-PT 4627 90 4742

OWNER OR CONTRACTOR E.S. Johnson Builders LLC PHONE: Business Mobile (704) 634-5704 Home 896-8813

ADDRESS CICERO DATE 9-14-2001

LOCATION Brawley School Rd TR Blume TL Beaten Path TL ~~Shaverdale~~ ST L SHAVENDERS ON (R) BY BTN PATH

SUBDIVISION Shavenders Bluff BLOCK / SECTION 2D LOT 105 LOT AREA 1.05 Acre SITE CLASS. PS DESIGN FLOW 600 gpd L.T.A.R. .5

Septic Tank: 1500 * Gallons; STB 1614 Date 4/16/01

~~Pump Tank: 1500~~ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1500' Linear Feet 500'

No Lines 5 @ 100' Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI

System Description: Gravity-25% Reduction

Repair System Description: Gray/Pump Innovative

Maintenance Agreement Required: [ ] Yes [X] No (Panel)

Gravel Depth N/A [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

[X] House/Mod. Home No. Bedrooms 5

[ ] Mobile Home No. Bathrooms 3

[ ] Business No. Employees _____

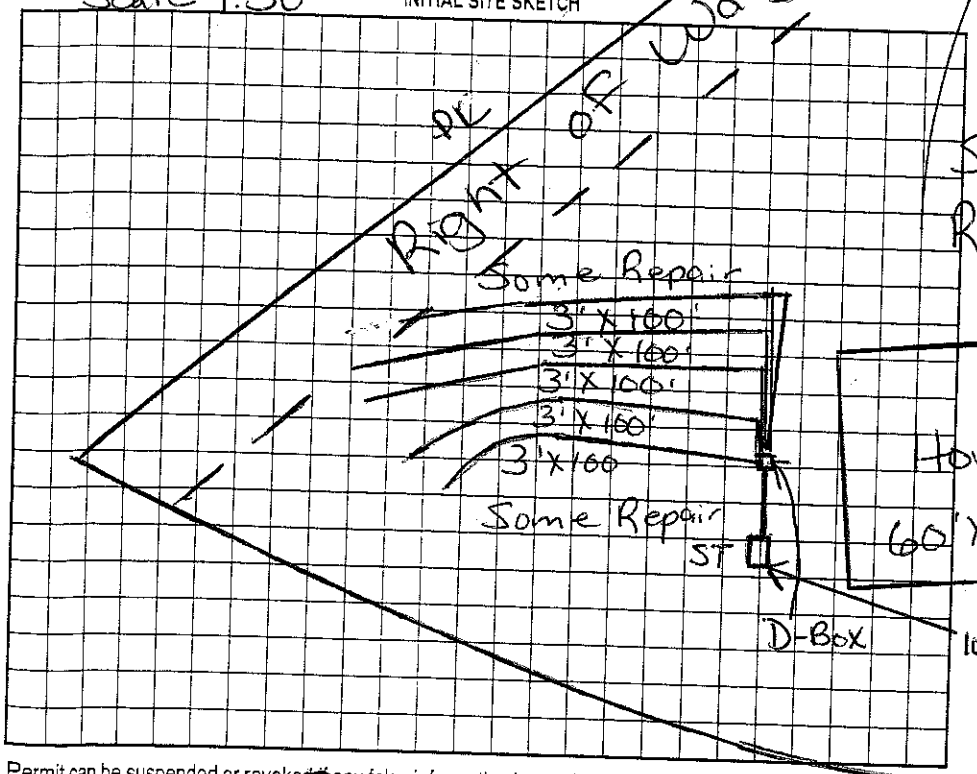
[ ] Other _____

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

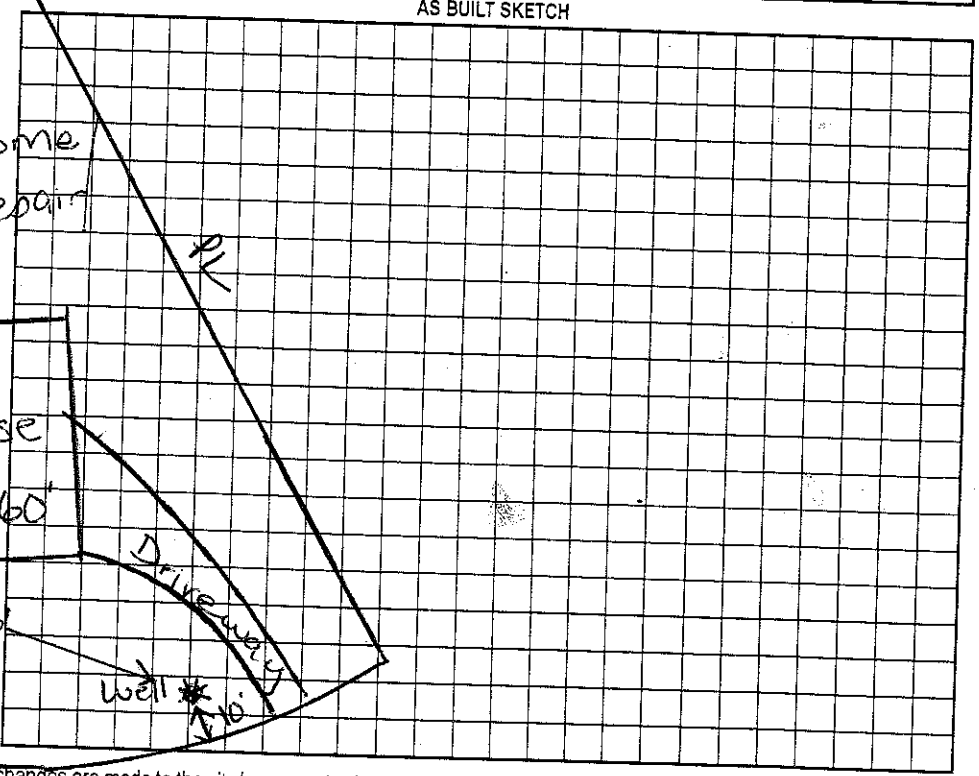
Comments:/Conditions: Keep Septic System at least 10' from PL & 100' to well.

Comments:/Conditions: * Must stay out of Right of Ways.

Scale 1:50 INITIAL SITE SKETCH




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: E.S. Johnson date 9/19/01 Installed by: Upright Grading

Improvement Permit by: Marian H. Dolson RS date 9/14/2001 Operation Permit by: Wesley Sparks RS date 1/31/02

Authorization to Construct by: Marian H. Dolson RS date 9/14/2001 Existing System Inspection by: _____ date _____

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