IREDELL COUNTY HEALTH DEPARTMENT CT

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

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

PERMIT# 121576 PIN# 4629-58-6794 DATE 6-28-04

OWNER OR CONTRACTOR JAN JOHNSTONE PHONE: Business 704-309 0433 Home 704-987-9369

ADDRESS PO BOX 2218 DAVIDSON N.C. 28036

LOCATION PERTHRO SOUTH @ STATE PARK @ Wildlife @ SIERRA WOODS (1) DEER RUN @ END IN RT

SUBDIVISION Wildlife Blk BLOCK / SECTION I LOT 27 LOT AREA 0.28AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .13

Septic Tank: 1000 Gallons; STB 4000794 Date 1-9-00

Pump Tank: 1000 Gallons; PT 283 Date 10-1-05

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet Elevated Linear Feet 200'

No Lines 4 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, (IV) V, VI

System Description: LP 50% RESERVE

Repair System Description: SAME WITH CAP

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 4 No. Employees ____

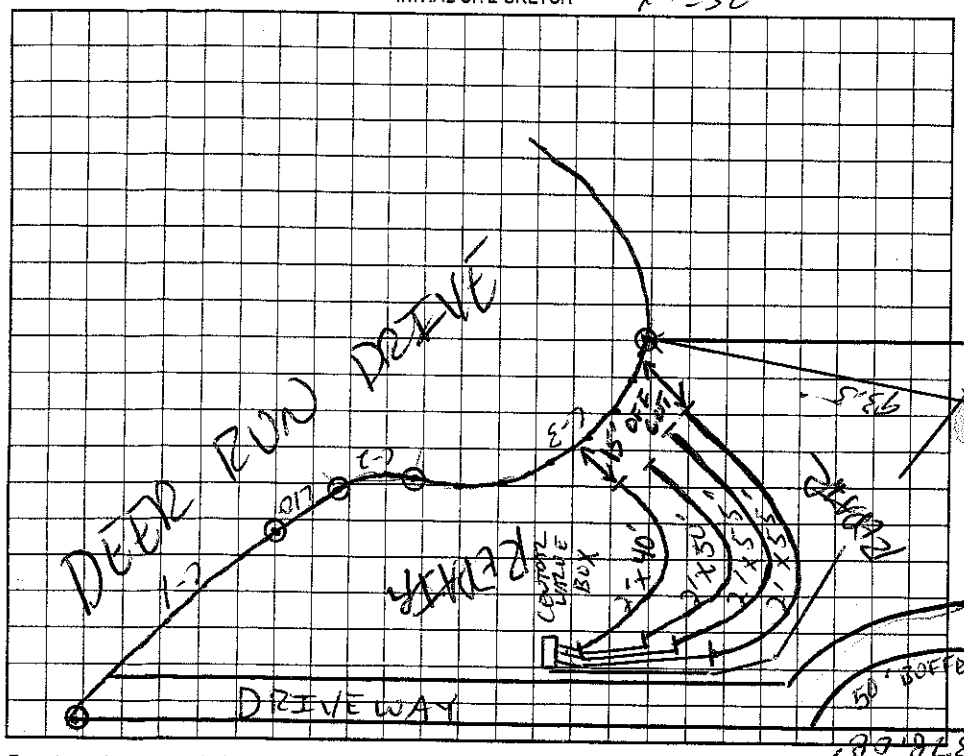
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions: (1) SYSTEM IS A LOW PRESSURE PANEL BIOLIC SYSTEM (50% REDUCTION) (2) CALL PERTH TO INSTALLATION FOR PUMP SIZING & SYSTEM SPECS (3) HEALTHY HOME USE AN APPROVED IN LINE PUMP FILTER

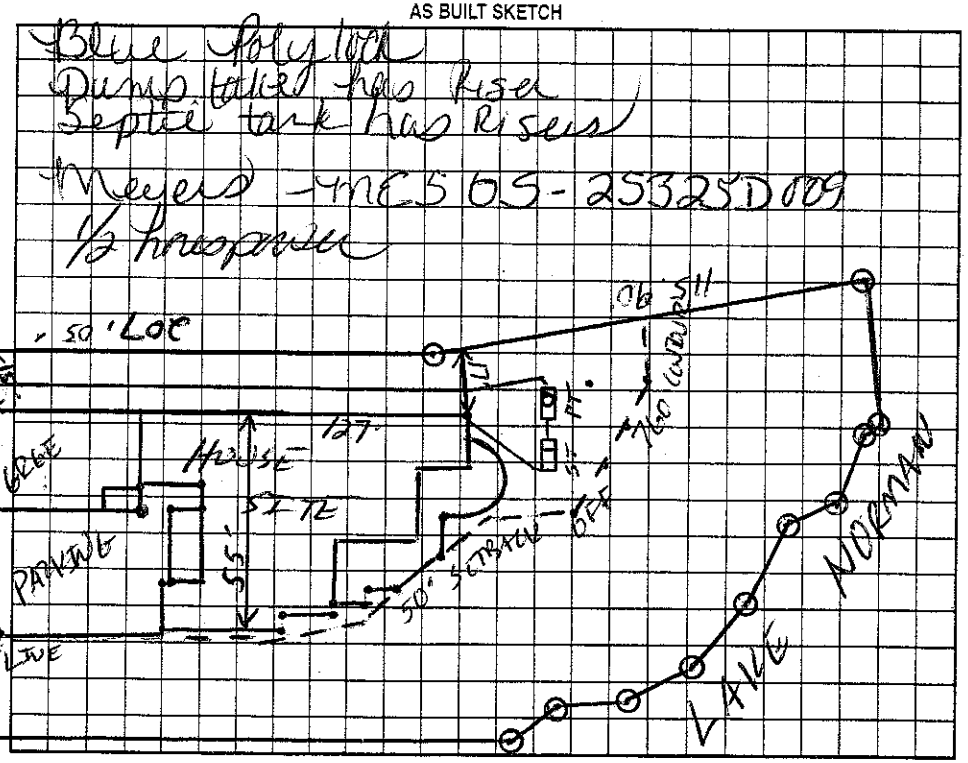
Comments:/Conditions: IN PUMP TANK SICH IS A "SIM TECH" (4) INSTALL LINES ON CONTOURS & MAINTAIN SETBACKS (5) THIS SYSTEM NEEDS A MAINTENANCE CONTRACT.

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

Blue Poly lock Pump tank has Riser Septic tank has Risers Meyers - ME505-25325D009 1/2 hp pump



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 6/30-04 Installed by: R-H mop

Improvement Permit by: ____ date 6-28-04 Operation Permit by: ____ date 5-22-06

Authorization to Construct by: ____ date 6-28-04 Existing System Inspection by: ____ date ____

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