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 JAY JOHNSTONE PHONE: Business 704-309 0433 Home 704-987-9369

ADDRESS PO BOX 2218 DAVIDSON N.C. 28036

LOCATION PERRINO SOUTH ⓐ STATE PARK ⓑ WILLIAM ⓒ STEPHENSONS ⓓ DEER RUN ⓔ END IN RT

SUBDIVISION WILLIAM BAY BLOCK / SECTION I LOT 27 LOT AREA 0.38AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 4000-744 Date 7-9-00

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

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EXISTING 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% REDUCT

Repair System Description: SAME WITH CAP

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

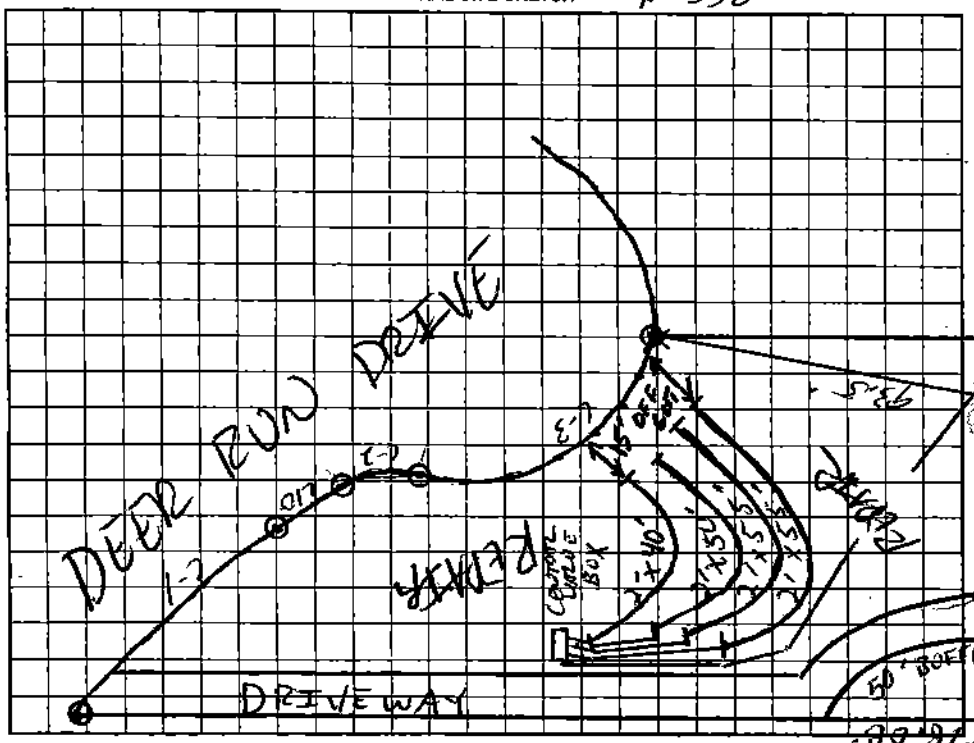
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions: ① SYSTEM IS A LOW PRESSURE PAVEL BUBBLE SYSTEM (50% REDUCTION) ② CALL PERC TO INSTALLATION FOR PUMP SIZING & SYSTEM SPEC IF NECESSARY ③ USE AN APPROVED IN LINE PUMP FILTER

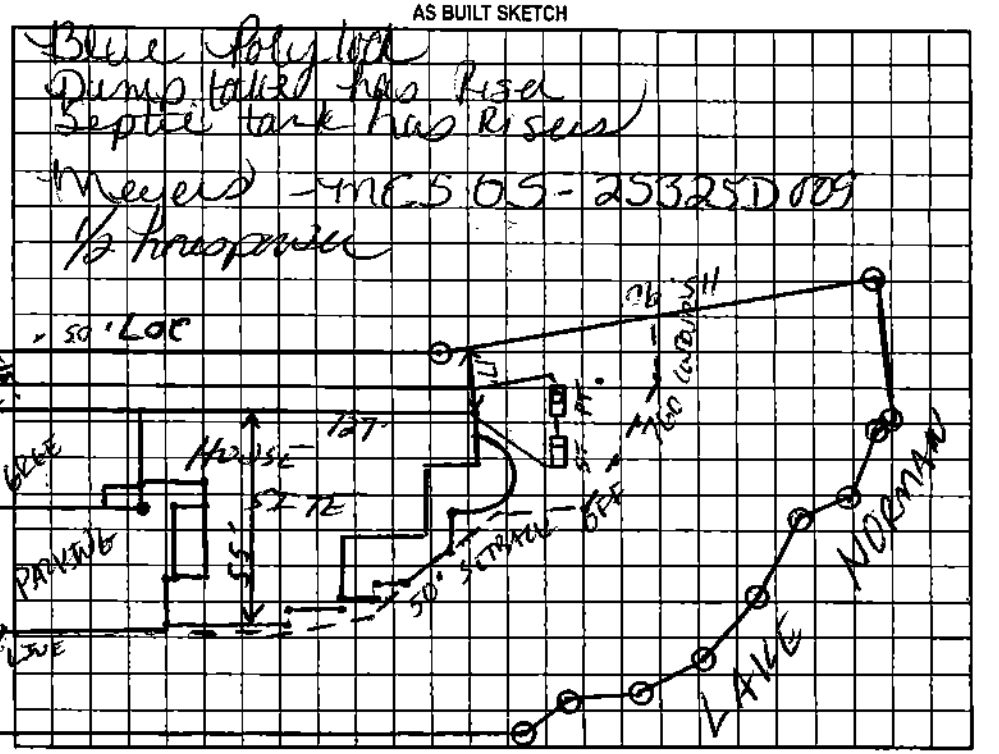
Comments:/Conditions: IN PUMP TANK SUCH AS A "SIM TECH" ④ INSTALL LINES ON CONTROLS & MAINTAIN STRAINS ⑤ THIS SYSTEM NEEDS A MAINTENANCE CONTRACT.

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH

Blue Poly 1000 Gal Pump tank has Riser
Septic tank has Risers
Meyers MC505-25325D009
½ horsepower



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: _____

Improvement Permit by: _____ date 6-30-04 Operation Permit by: _____ date 5-22-06

Authorization to Construct by: _____ date 6-30-04 Existing System Inspection by: _____ date _____

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