IREDELL COUNTY HEALTH DEPARTMENT

Authorize to Construct

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

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 22723 DATE 12/22/95 TAX MAP NO. 2B-5-B-19 4634984962 Watershed: [X] Yes ☐ No

OWNER OR CONTRACTOR C Richard Johnson PHONE: Business ______ Home ______

ADDRESS 8220 Univ. Exec Dr. Charlotte, NC

LOCATION Langtree Rd. TL Kingsview Ln. on (R) two lots beyond Sales Office

SUBDIVISION Kings Landing BLOCK / SECTION ______ LOT 19 LOT AREA .8 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB ______ Date ______

Pump Tank: 1000 Gallons; PT ______ Date ______

Pump Make: Liberty Model LE51A Serial No. *1967

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet *400 (533)

No Lines *6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Pres. Infiltrator

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes [X] No

[X] House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ______

No. Bedrooms 4 No. Bathrooms 3 No. Employees ______

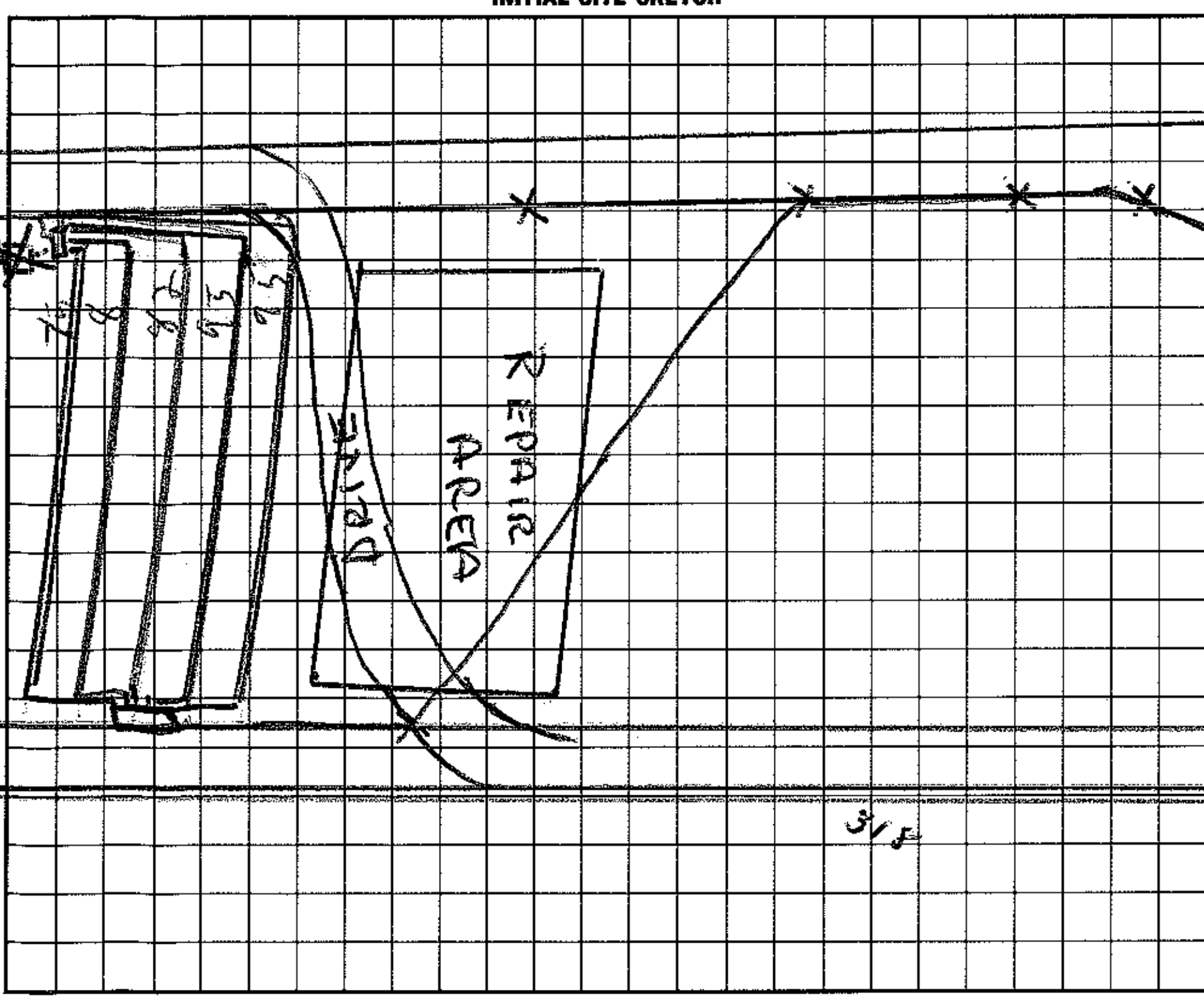
☐ Slab [X] Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual [X] Community ☐ Public

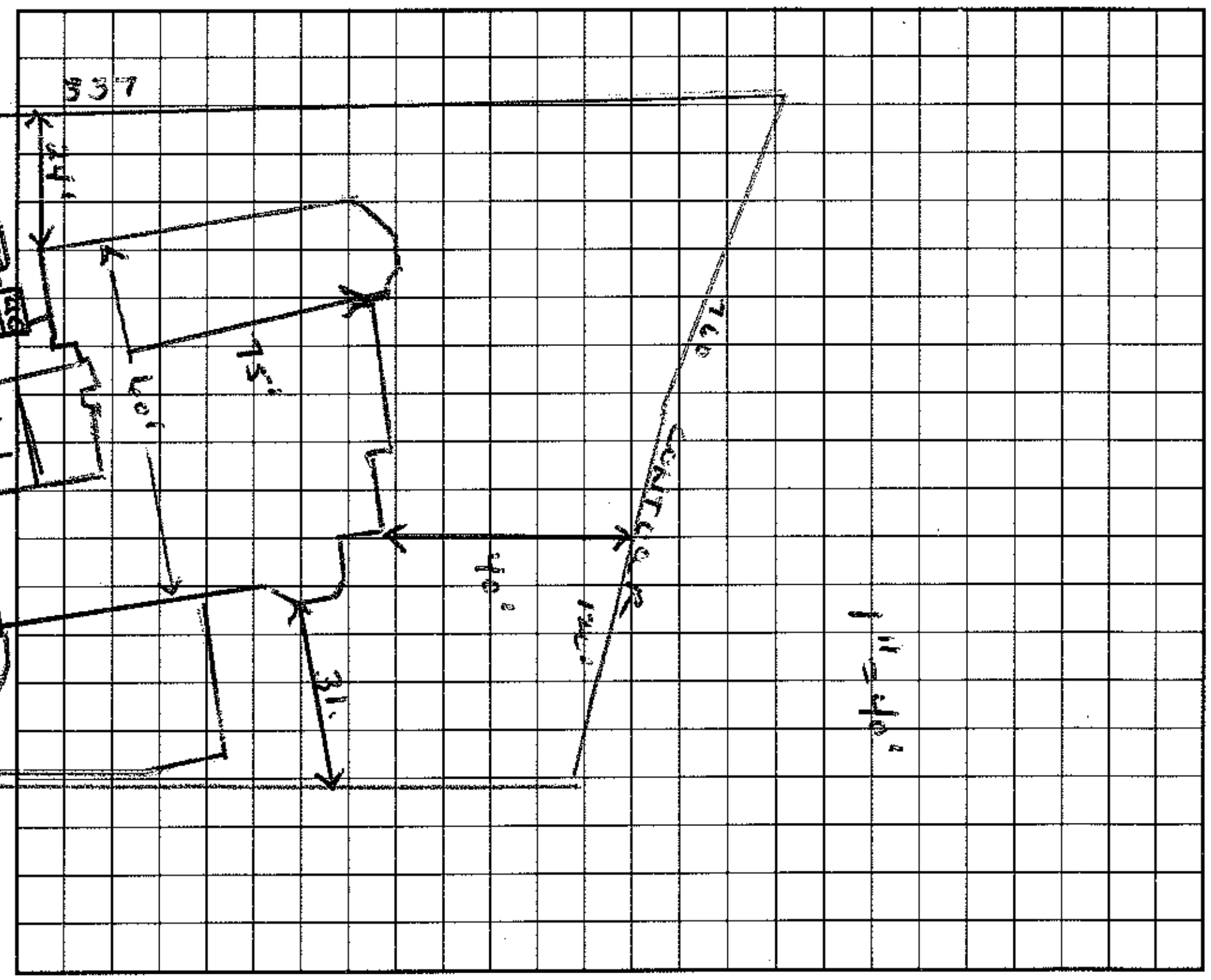
Comments: * 25% reduction for Infiltrator use. Pressure Manifold or Washerbox-D Box setup. Sand required to backfill around lowers

Comments: Lines, tanks, checked 6/17/96 CBF. Pressure checked on ______. Electrical checked on ______.

INITIAL SITE SKETCH



AS BUILT 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.

Signed: [signature]

Improvement Permit by: Wesley Sparks RS. date 12/22/95

Authorization to Construct / Existing System Inspection by: Wesley Sparks RS. date 12/22/95

Installed by: Bobby Mayhew

Certificate of Completion by: ______ date ______

Operation Permit by: Wesley Sparks RS date 8/23/96

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