IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 104933 PIN# 4638569772 DATE 4-9-2002

OWNER OR CONTRACTOR Lois Johnson PHONE: Business 660-4938 Home 871-1632

ADDRESS 548 Murdock Rd Troutman NC 28166 Chris (Builder) 639-0168

LOCATION Perth Rd TL Stumey Creek TL Collingswood on left

SUBDIVISION Harborview BLOCK / SECTION III LOT 30 LOT AREA .66acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 6/17/02

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'

No Lines ~~4~~ 5 Trench Width 36" Max Trench Bottom Depth 34" Gravel Depth N/A

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

System Description: Gravity - 25% Reduction

Repair System Description: Grav/Pump - Innovative

Maintenance Agreement Required: [ ] Yes [X] No

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

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

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

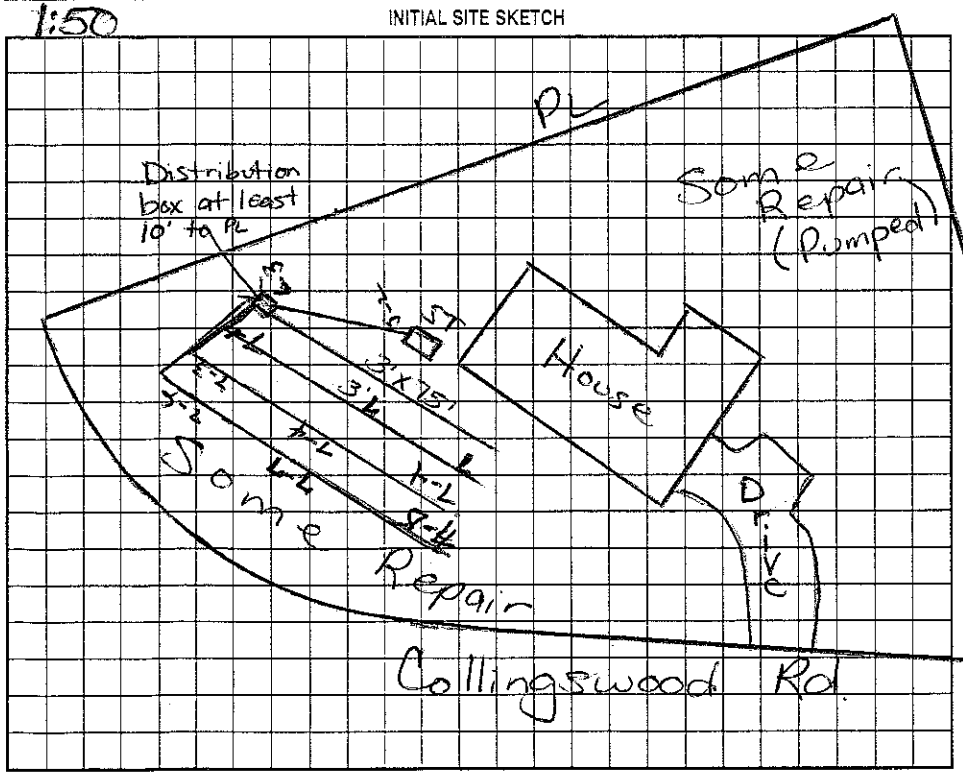
Water Supply: [ ] Individual [X] Public [X] Community

Comments/Conditions: Keep Septic System at least 10' to PL

Comments/Conditions: 3@100'x3' infiltrator installed.

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: ____ date ____ Installed by: Bangor Septic Serv.

Improvement Permit by: Maria H. Hodgson RS. date 4/9/2002 Operation Permit by: Wesley Sparks RS. date 8/21/02

Authorization to Construct by: Maria H. Hodgson RS. date 4/9/2002 Existing System Inspection by: ____ date ____

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