IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13489 PIN# 4638797070 DATE 5-30-06

OWNER OR APPLICANT D.A. Johnson Construction PHONE: Business 400-5066 Home 947-1836

ADDRESS P.O. Box 1065 Huntersville, NC 28070

LOCATION Perth Rd N on left before Tanager Ln.

SUBDIVISION Harborview BLOCK / SECTION VIII LOT 15 LOT AREA .63 Acre SITE CLASS. BS DESIGN FLOW 360 gpd T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 3-12-06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: ~~No~~ Fields 1 Square Feet 1080 Linear Feet 360'
No Lines 5 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Gravity -25% Reduction "Accept"
Repair System Description: Pump-Panel
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Gravity ☐ Pressure

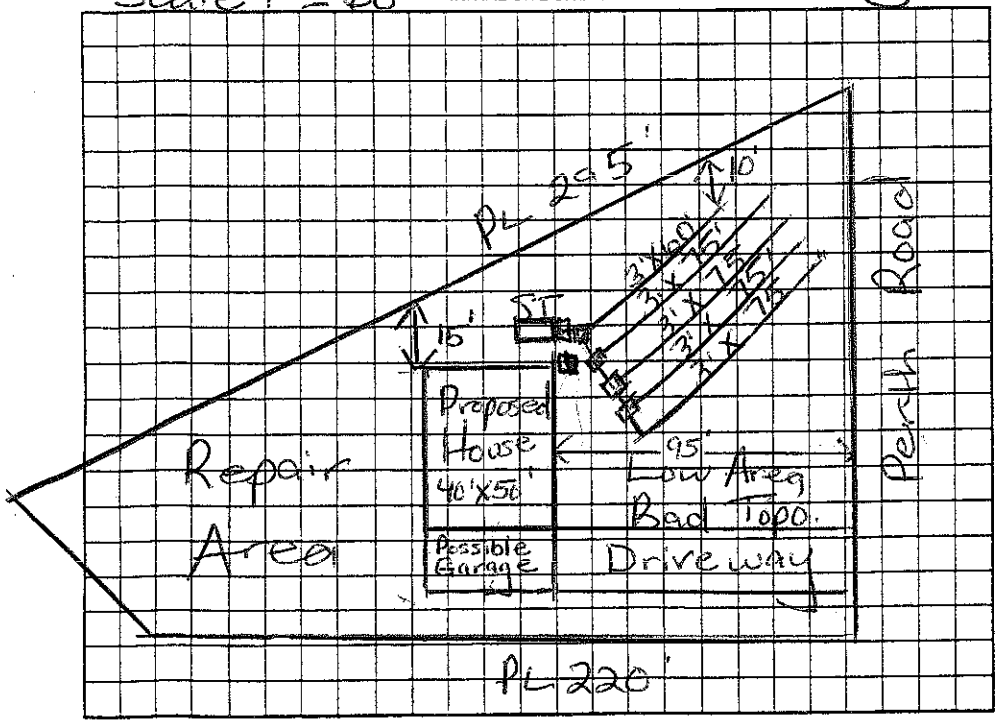
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments/Conditions: ~~**~~ Must Stub out plumbing high to maintain gravity flow to ST.
* No Room for Pool in Backyard!

Scale 1" = 60' INITIAL SITE SKETCH



Comments/Conditions: Keep Septic System at least 10' from PL & 10' from House
Remove old Farm terrace/berm
Note: .3 Soils in Repair Area (better soils)

AS BUILT SKETCH

Installed Quick 4
Note: ST in front of R1 front corner of House.

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: [signature] date 5/31/06 Installed by: A-1 Backhoe RS

Improvement Permit by: Maria H. Johnson RS date 5/30/06 Operation Permit by: Maria H. Johnson date 8/30/06

Authorization to Construct by: Maria H. Johnson RS date 5/30/06 Existing System Inspection by: ____ date ____

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