IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 123940 PIN# 4645 23 4467 Gary's Cell 506-5791 DATE 10-4-04

OWNER OR CONTRACTOR Gary & Cathy Johnson PHONE: Business 491-9260 Home 987-0120

ADDRESS 127 Ashford Hollow Mooresville, NC 28117

LOCATION Langtree Rd TR Yeaman Lane TR Bain Lane on right before Cul-de-sac

SUBDIVISION Yeaman Shores BLOCK / SECTION ____ LOT 12 LOT AREA .459 Acre SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 11-1-04

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

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

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

System Description: Gravity - 25% Reduction

Repair System Description: Pump - Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No

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

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

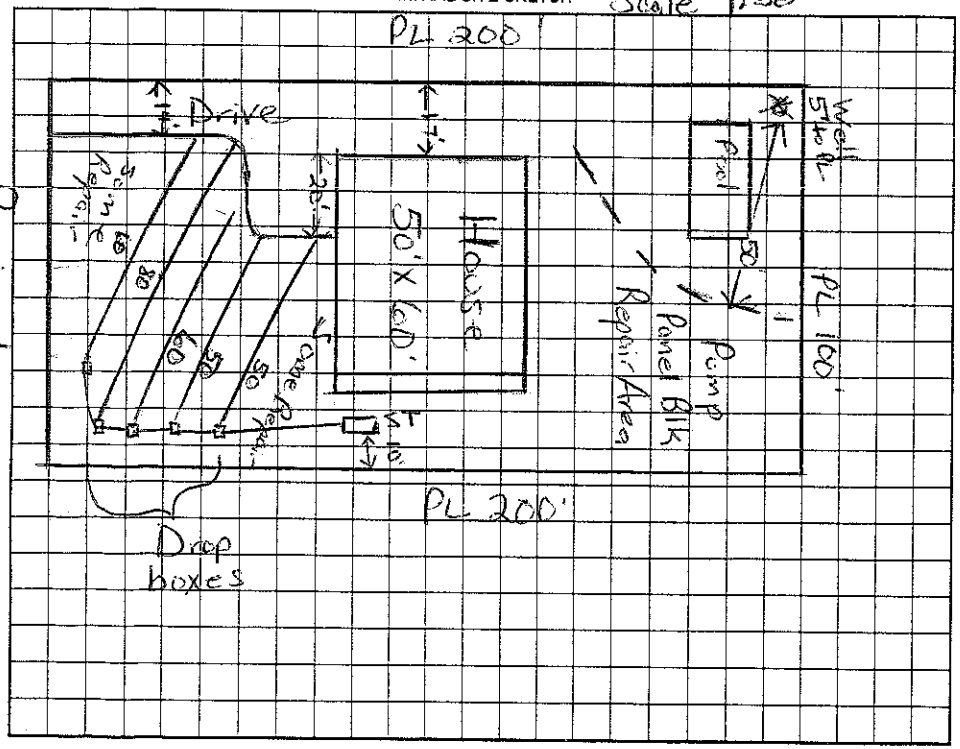
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

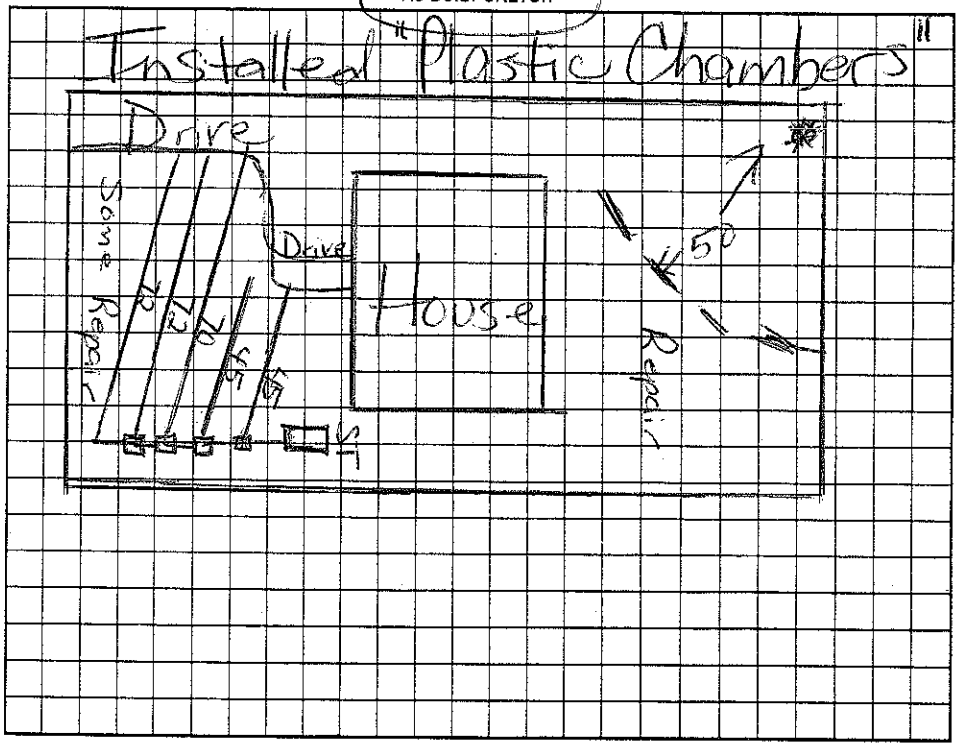
Comments/Conditions: Keep Septic System 10' from PL, 50'+ from any well & 15' from pool. Keep driveway off Drainfield.

Comments/Conditions: Verified Filter on ST

INITIAL SITE SKETCH Scale 1:50



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: Gary Johnson date 10 5 04

Improvement Permit by: Mark Hall Olson RS date 10/5/04

Authorization to Construct by: Mark Hall Olson RS date 10/5/04

Installed by: Richard Abernathy

Operation Permit by: Mark Hall Olson RS date 4/15/05

Existing System Inspection by: ____ date ____

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