# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. Repair DATE 7/27/95 TAX MAP NO. N/A 4645 23 6719 Watershed: [X] Yes [ ] No

OWNER OR CONTRACTOR Jimmy Johnson PHONE: Business _____ Home 892-5955

ADDRESS Carsons Place Mooresville, NC. 105 LAWRENCETEE LN

LOCATION Langtree TR Carsons Pl (L) at T at end on (R) Lot on cul de sac

SUBDIVISION Carsons Place BLOCK / SECTION _____ LOT 13 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3 (original)

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200-240

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: Pres. Manifold - Infiltrators

Repair System Description: _____

Maintenance Agreement Required: [X] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 3

[ ] Business No. Employees _____

[ ] Other _____

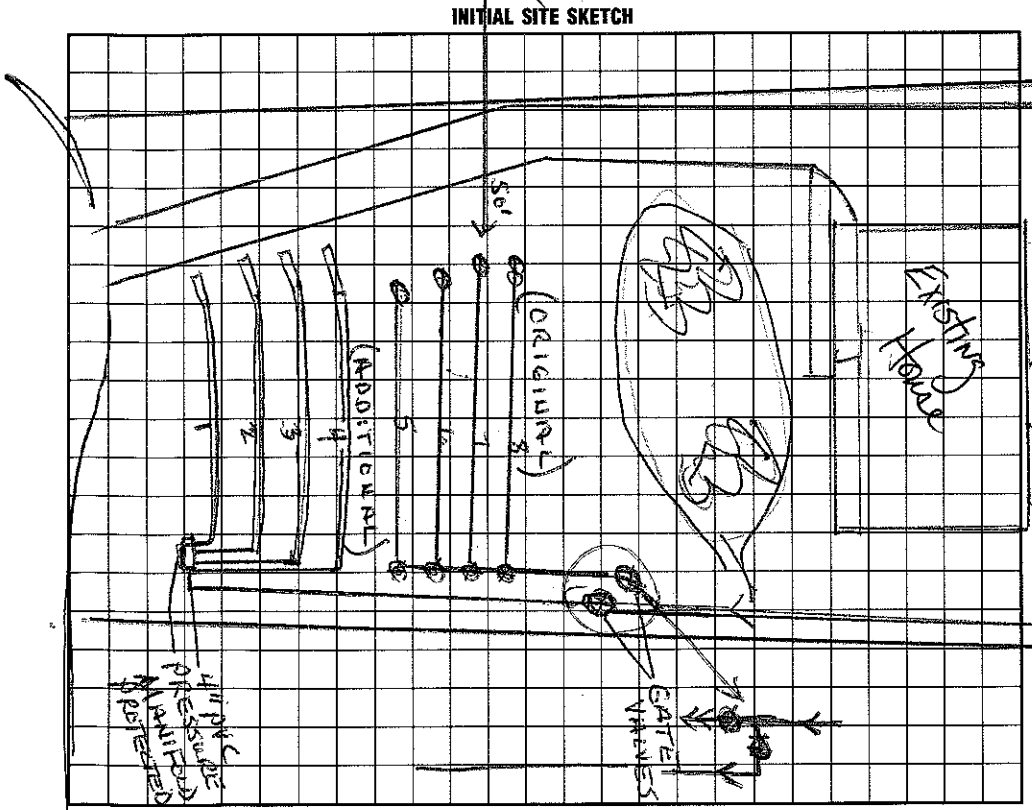
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

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

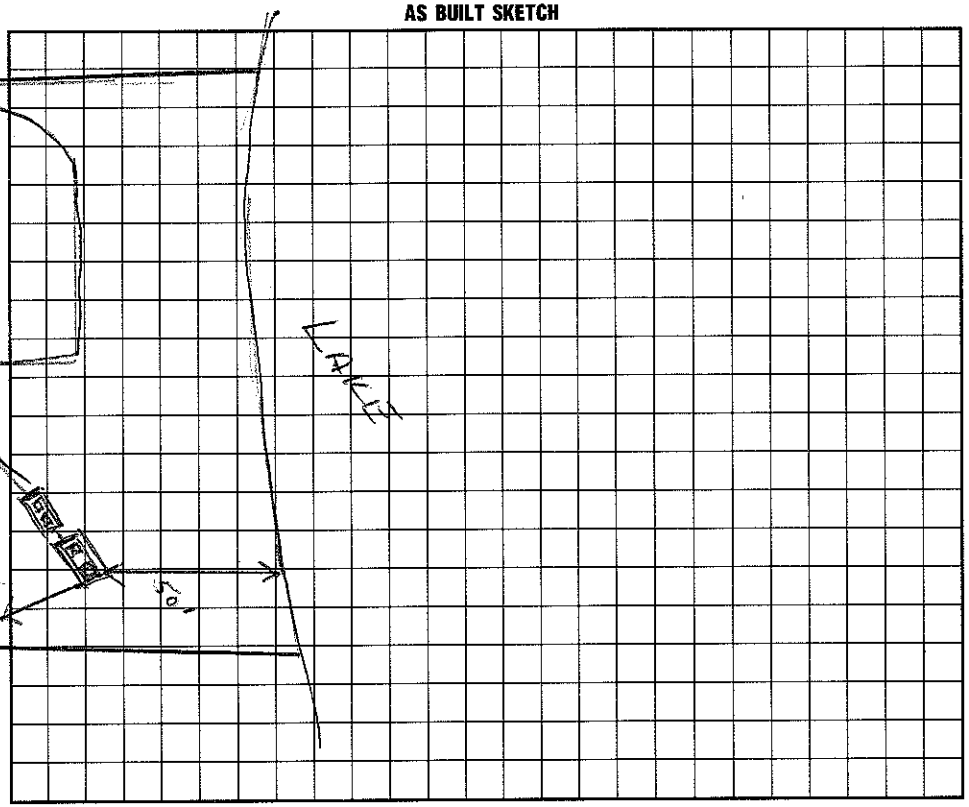
Comments: Lines 1-4 installed feet from 4" Pres. Manifold
1/2" Taps on 6" spacing - enclose manifold
Pump both tanks to remove only effluent

Comments: 55
4
220
4 @ 55' x 3' Infiltrators
Pres. Manifold test at 2 PSI
8/4/95

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: Wesley Sparks R.S. date 7/27/95

Existing System Inspection by: _____ date _____

Installed by: Dan van Plumbing

Certificate of Completion by: Wesley Sparks R.S. date 8/4/95

Operation Permit by: _____ date _____

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