$250

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103 452 PIN# 4646 -12-7565 DATE 11/29/01

OWNER OR CONTRACTOR Richard + Rebecca Johnson PHONE: Business _____ Home _____

ADDRESS 149 Springwood Ln Mooresville NC 28117

LOCATION 215, TL Alcove, TR Catalina, TR Malibu at end on Rt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.71AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 794 Date 11/10/01
Pump Tank: 1000 Gallons; PT 283 Date 11/11/01
Pump Make: Goulds Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200
No Lines 4 @ 50' Trench Width ~~36~~ 24" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Pressure Manifold Panel Block
Repair System Description: * LP Panel Block
Maintenance Agreement Required: ☐ Yes ☒ No

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

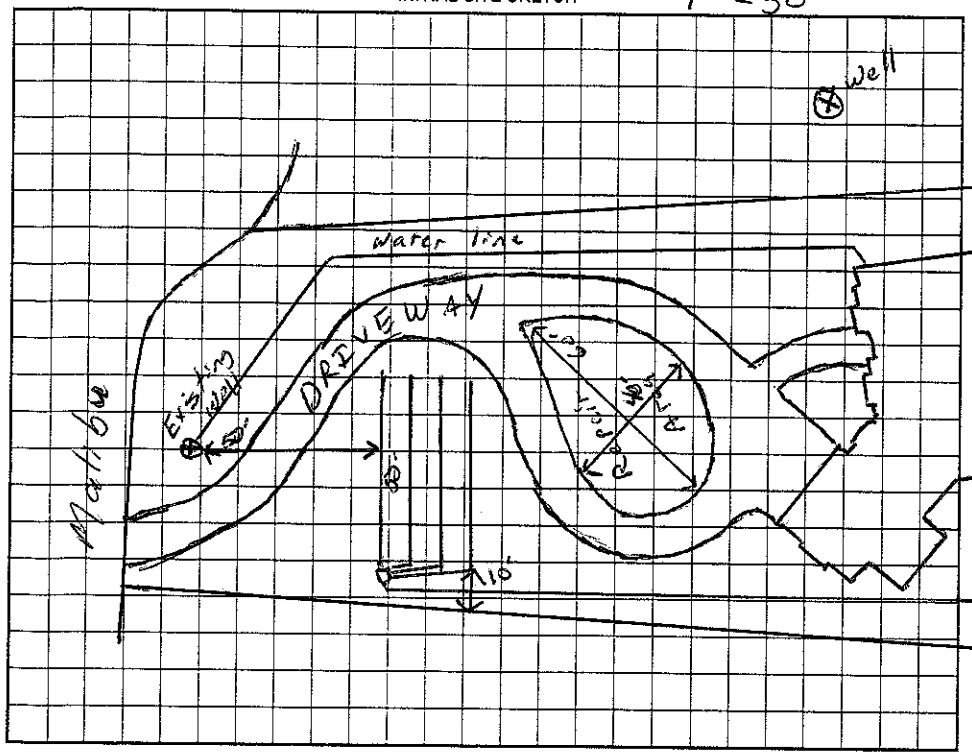
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community
Ex. Strug

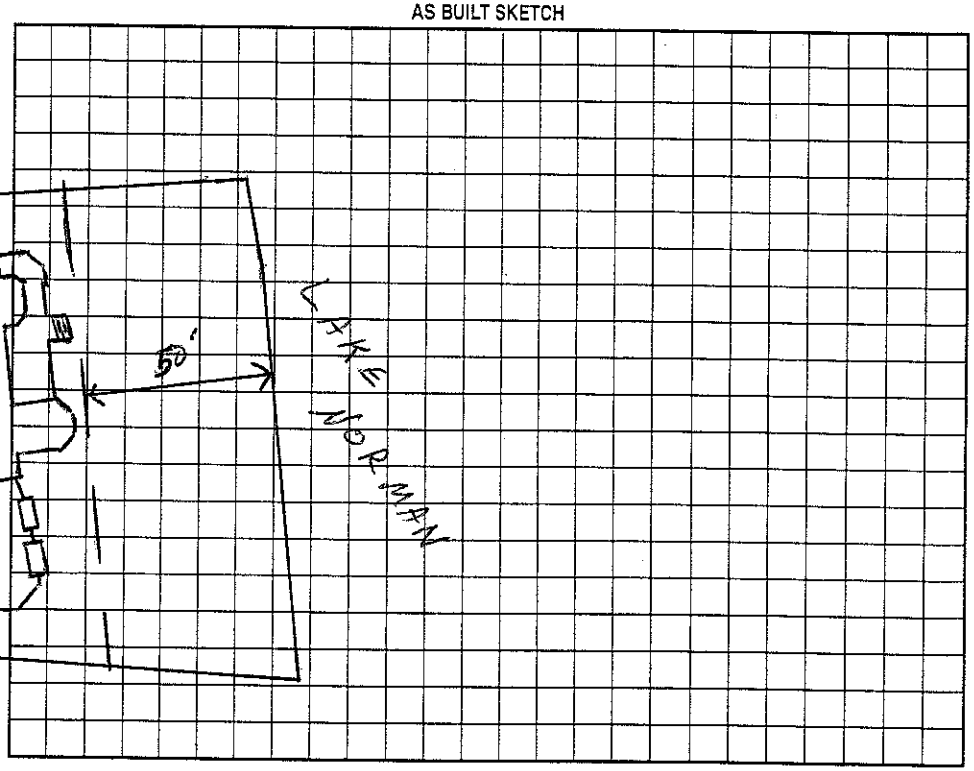
Comments:/Conditions: * Interior of Circle Drive Needs to be @ equal to measured dimensions or larger to achieve 100% Repair

Comments:/Conditions:

INITIAL SITE SKETCH 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: Craig M. Rozeman date 12/13/01 Installed by: Little's Landscaping

Improvement Permit by: RSI date 11/29/01 Operation Permit by: RS date 6/10/02

Authorization to Construct by: RSI date 11/29/01 Existing System Inspection by: _____ date _____

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