* Deb - File under Roger Johnson

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107212 PIN# 4658263554 634-4758 Mobile DATE 6-13-2002

OWNER OR CONTRACTOR Paragon Consulting & Mgmt PHONE: Business 535-0087 Home Roger 664-1624

ADDRESS 6101 Idlewild Rd Ste 127 Charlotte, NC 28212

LOCATION Hwy 21 N TL Bailey Rd 1½ mile on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 7.64 Acre SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. _____

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields _____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width Existing Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing Gravity Convent

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

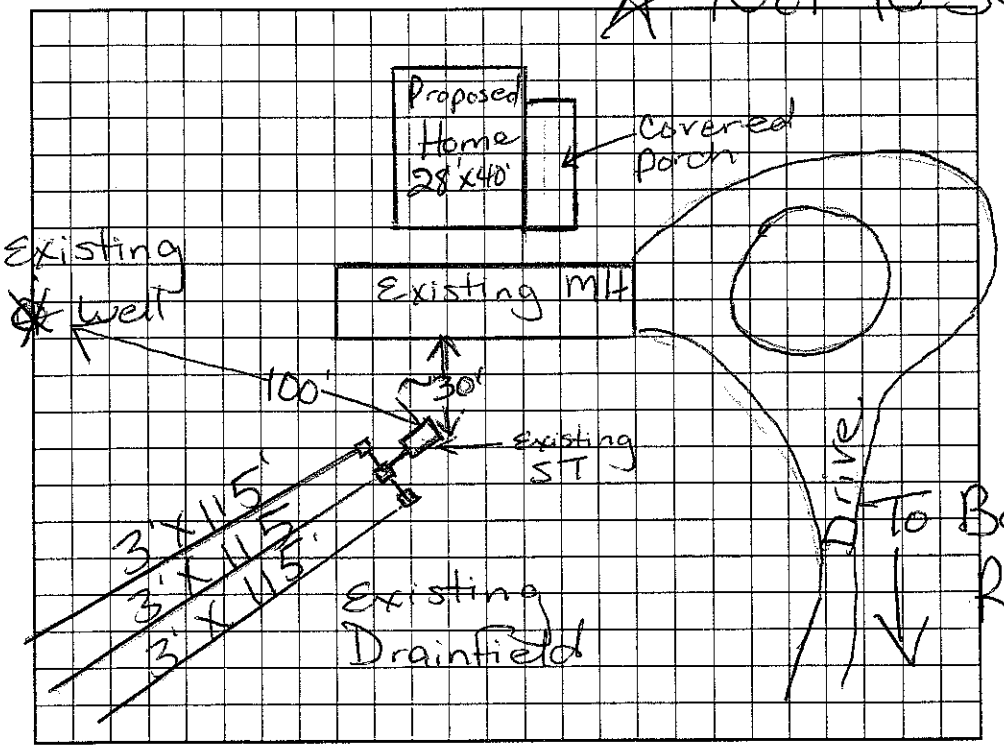
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Existing Septic System appears to be functioning okay at time of inspection, no problems Noticed.

Comments/Conditions: Septic System permitted for 3 Bedroom. Original Septic installed 6/1990 under Roger Johnson

INITIAL SITE SKETCH * Not to Scale



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: X _____ date _____ Installed by: _____

Improvement Permit by: Maria H. Dobson RS date 6/13/2002 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Maria H. Dobson RS date 6/13/2002

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