# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-[illegible]5281

50.00 Pg. 8 [illegible]

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

PERMIT# 104608 PIN# 4659-92-5552.92 4669-01-1700 DATE 12/30/02

OWNER OR CONTRACTOR E.S. Johnson Builders, LLC PHONE: Business _____ Home _____

ADDRESS PO Box 1402 Cornelius NC 28031

LOCATION 115 N, TR Shinnville, TL Brook Glen, cross creek bear Right 1st on Rt

SUBDIVISION Brook Glen BLOCK / SECTION 2 LOT 92 LOT AREA 3.454c SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25

Septic Tank: 1000 Gallons; STB 6012 Date 10/12/02
Pump Tank: 1000 Gallons; PT 17 Date 4/24/03
Pump Make: Gould's Model VE07124 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240
No Lines 4 Trench Width 24"-36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, (IV), V, VI
System Description: LPP Panel Block
Repair System Description: LPP w/ French Drain
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

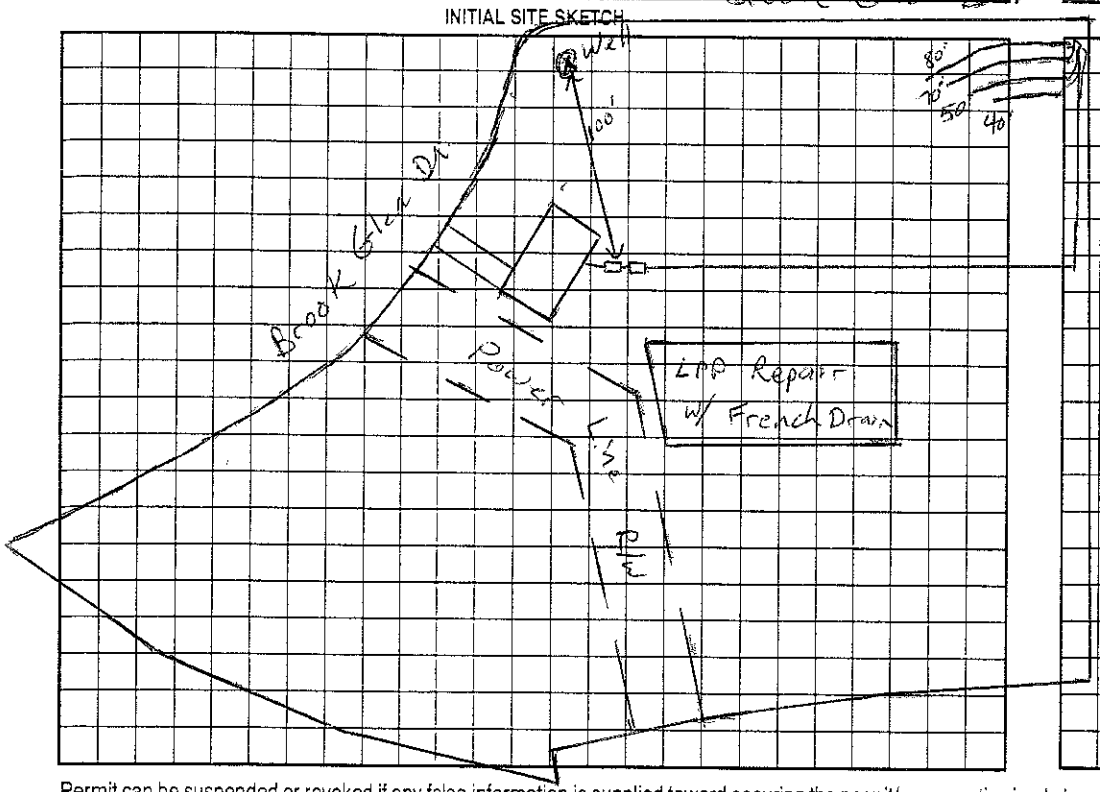
Comments:/Conditions:

Brook Glen Dr.

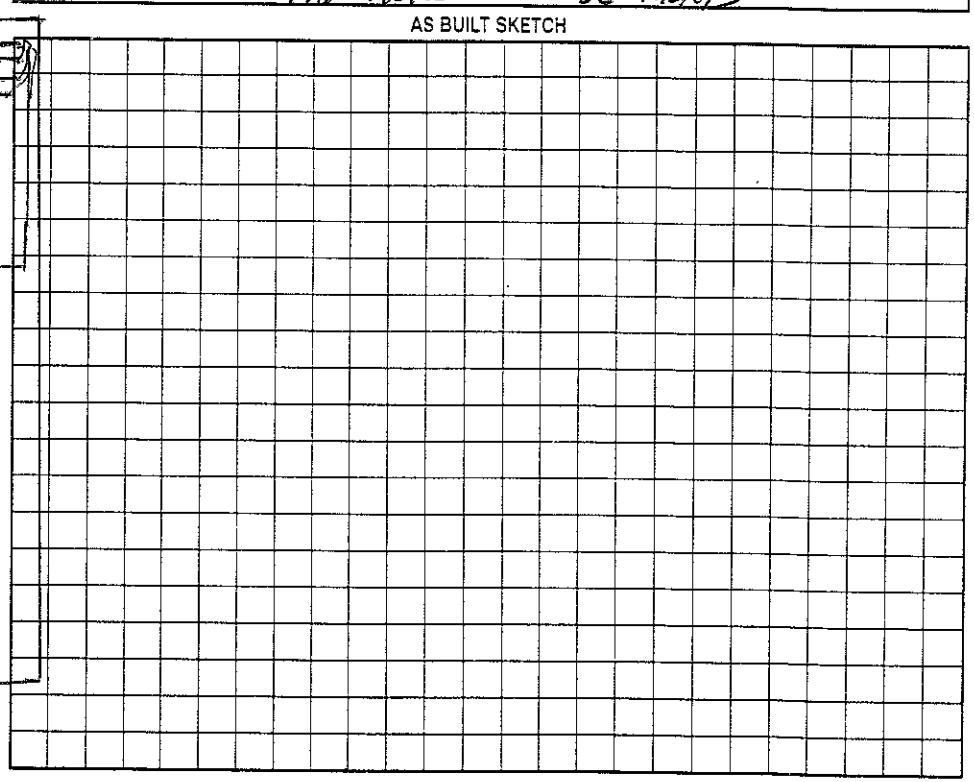
Comments:/Conditions:

3/16" holes 56 Panels

INITIAL SITE SKETCH




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: _____ date 01-02-03 Installed by: Tommy Frye

Improvement Permit by: _____ RS date 12/30/02 Operation Permit by: _____ RS date 4/24/03

Authorization to Construct by: _____ RS date 12/30/02 Existing System Inspection by: _____ date _____

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