IREDELL COUNTY HEALTH DEPARTMENT

Const. Auth. St[illegible] LLE 704-878-5305 MOORESVILLE

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETIC~~ [illegible]PERATION PERMIT / EXISTING SYSTEM I[illegible]

PROPERTY DESCRIPTION NO. 066 24 DATE Aug 20, 197 TAX MAP NO. 4675199123 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Michael T. Johnston PHONE: Business Home 663-3508

ADDRESS 1690 Coddle Creek Rd, Mooresville 4675287094

LOCATION Coddle Crk Rd S. past Rocky River Rd ON Right

SUBDIVISION BLOCK / SECTION LOT LOT AREA 1.24 Ac SITE CLASS. RS DESIGN FLOW 360 gpd L.T.A.R. ~.3

Septic Tank: 1000 Gallons; STB 794 Date 7-7-97
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No. 400
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet ~~300~~
No Lines ~~Stab~~ 7 Trench Width 36" Max Trench Bottom Depth ~30" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: quarry chamber or HDS
Repair System Description: pumped panel
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

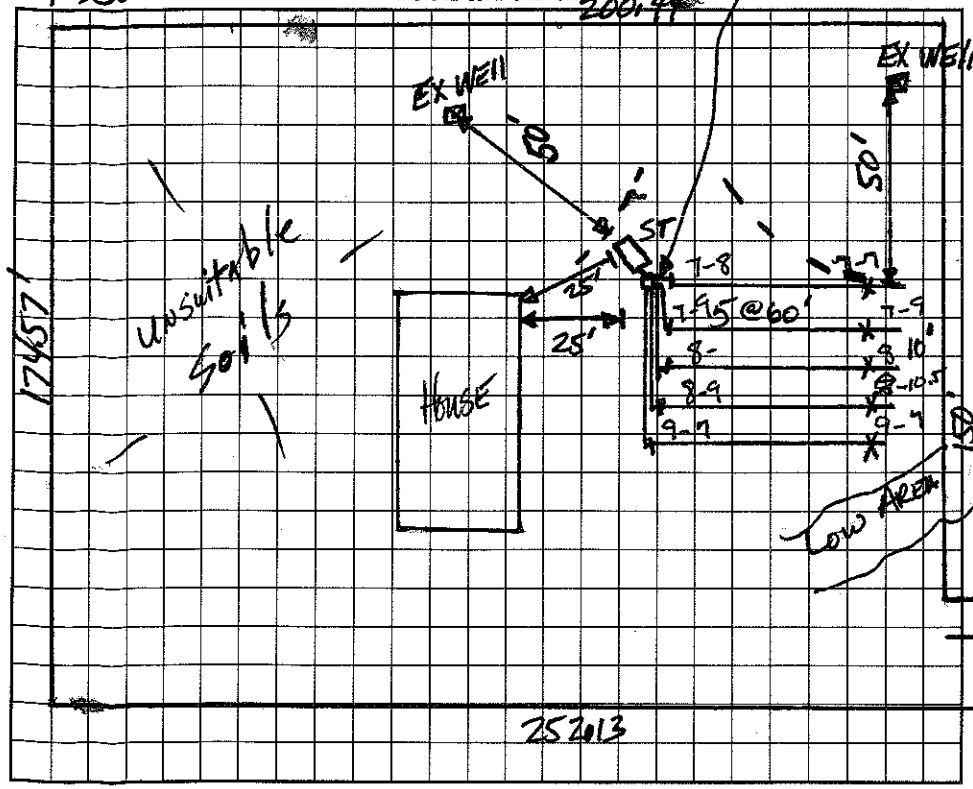
Water Supply:
☑ Individual
☐ Community
☐ Public

Comments: * ONE INSPECTION PORT PER CATERN
Exit plumbing at existing grade - Keep tank shallow
This permit replaces permit issued 5-29-97 / D-box & spreaderlokes

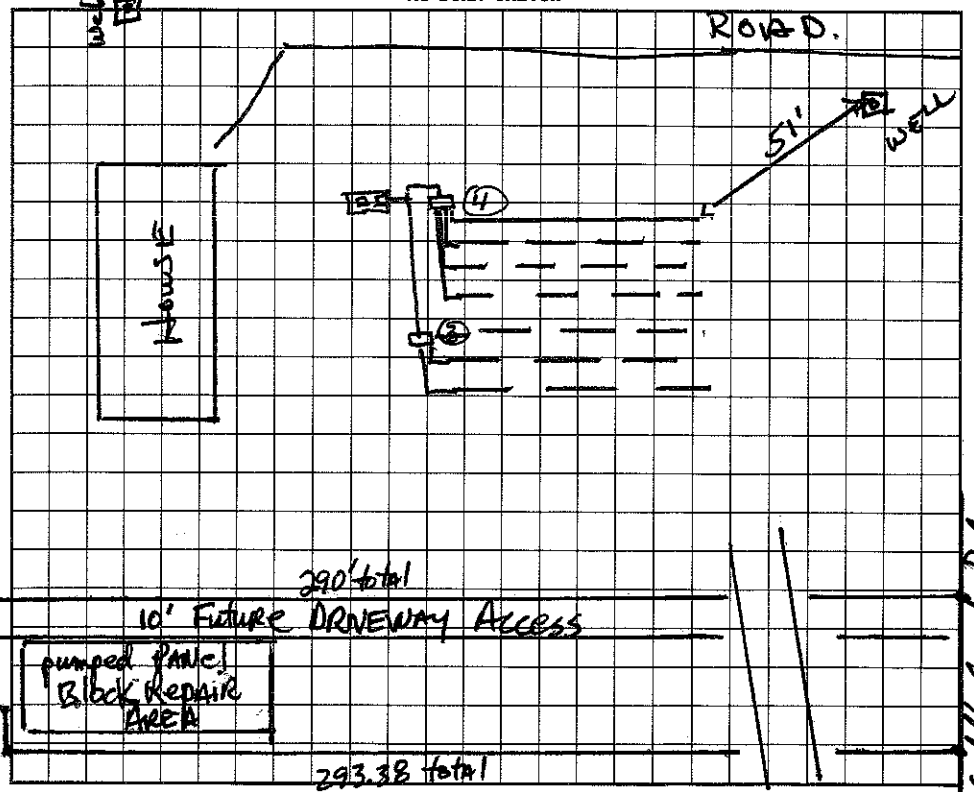
Comments:
CONVENTIONAL TRENCHES

1"=50'

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: X Michael T. Johnston

Improvement Permit by: D Hamm RS date 8-20-97

~~Existing System~~ Construction Inspection by: D Hamm, RS date 8-20-97

Authorized Agent

Installed by: Orbison Const Co.

Certificate of Completion by: Wesley Sparks L.S. date 9/19/97

Operation Permit by: Wesley Sparks L.S. date 9/19/97

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