IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~102~~105102907 PIN# 4707-47-9668 DATE 8-31-01

OWNER OR CONTRACTOR WILLIAM O. JOHNSON PHONE: Business _____ Home (704) 585-9055

ADDRESS 209 ABNER ROAD STONY POINT, NC 28678

LOCATION NC 115 N, TL MIDWAY RD, TR ABNER RD, ON LEFT AT BOX #209

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 27.82 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.40 GPD/FT²

Septic Tank: 1000 Gallons: STB _____ Date 9/8/90

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines TWO Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

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

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

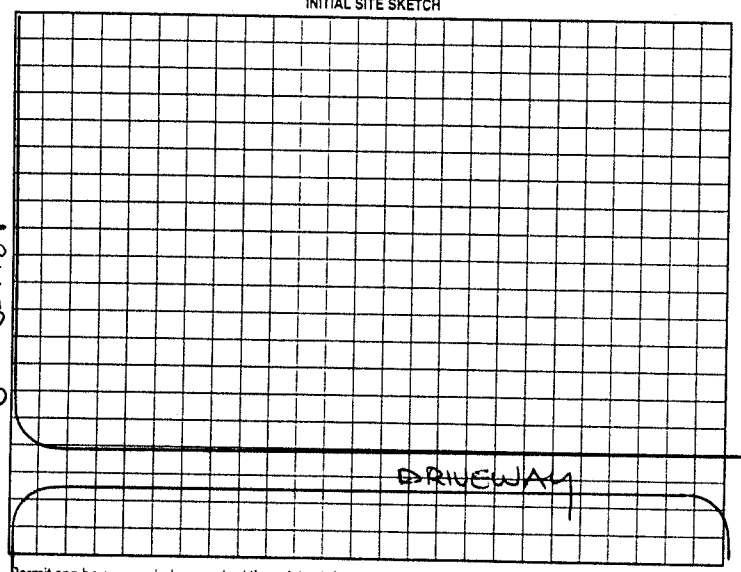
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

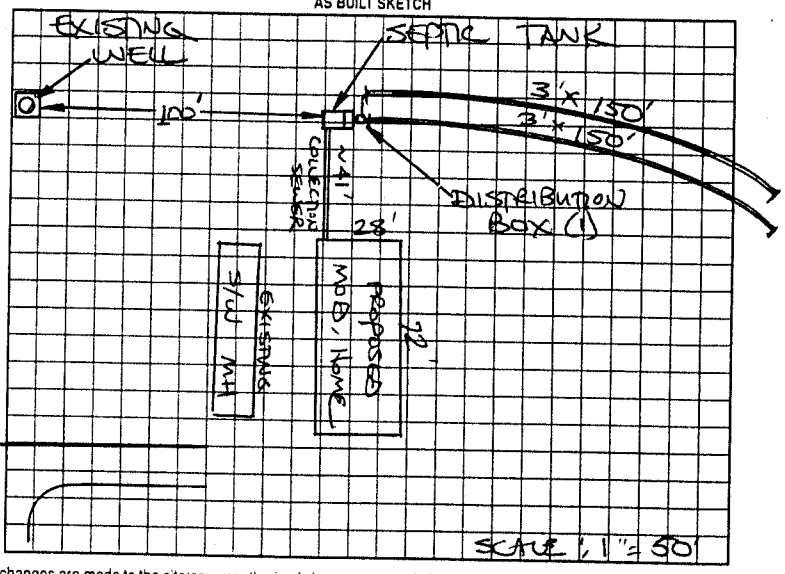
Comments/Conditions:

Comments/Conditions: EXISTING S/W MH TO BE REMOVED UPON OCCUPANCY OF MODULAR HOME.

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 _____ Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: STEVE HENDRICK date 8-31-01

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