IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 10103320 PIN# 4713 33 4409.B DATE 7/6/01

OWNER OR CONTRACTOR Benton E Johnson PHONE: Business ______ Home 704-872-4080

ADDRESS Celeste Eufola Rd. Statesville, NC. 28677

LOCATION OMR TR Celeste Eufola Rd. on (R) just past 136 Eufola Rd.

SUBDIVISION No BLOCK / SECTION ______ LOT ______ LOT AREA ~1.3 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 4-28-01

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields ______ Square Feet 1200 Linear Feet 400

No Lines 4 @ 100' Trench Width 3' Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: Drop Box - Conventional

Repair System Description: 25% Reduced

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ______

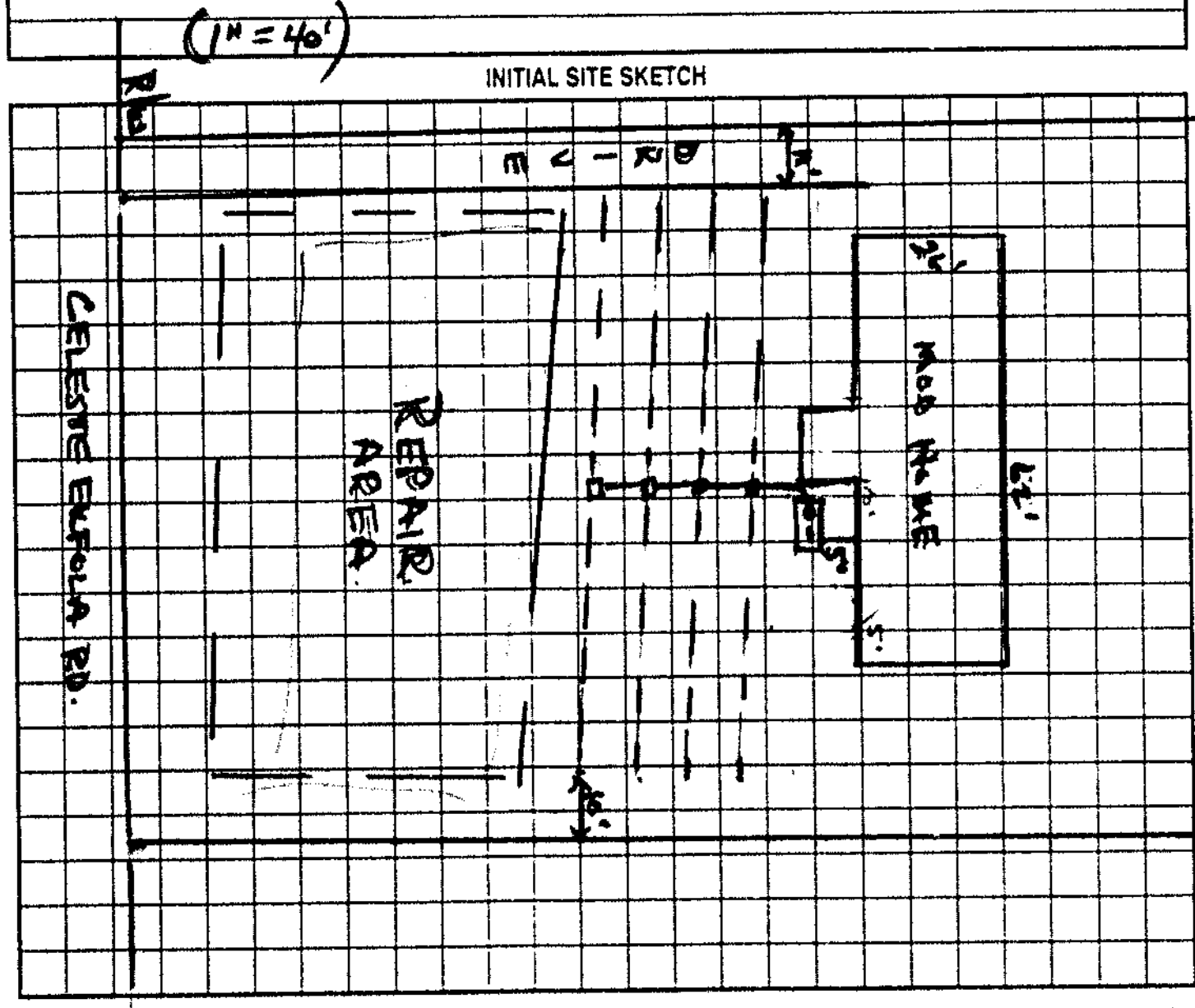
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions:

Comments:/Conditions: - Septic Tank Marker Installed
- Poly lok Filter Installed

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Shown per Initial Site 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: [signature] date 7-9-01 Installed by: Tommy Frye

Improvement Permit by: Wesley Sparks RS. date 6/9/01 Operation Permit by: William O. Johnson date 8/13/01

Authorization to Construct by: Wesley Sparks RS. date 6/9/01 Existing System Inspection by: ______ date ______

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