(C1)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 149343 PIN# 4717-03-~~5469~~ 6422

OWNER OR APPLICANT Tim Johnson PHONE: ~~Business~~ Cell 704-880-0718 ~~Home~~ work 704-924-8600 DATE 8 May 08

ADDRESS 269 Marble Rd Statesville, N.C.

LOCATION 115N Turn L Midway 60 past Victory Baptist Ch. on Rt. just past Church.

SUBDIVISION 500 BLOCK / SECTION ____ LOT ____ LOT AREA ____ SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. 0.37/Ft/d

Septic Tank: 1000 Gallons; STB 525 Date 7-7-08

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet = 1200 Linear Feet 200

No Lines 4 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth ____

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

System Description: 50% Reduction

Repair System Description: 50% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☑ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

Water Supply: ☑ Individual ☐ Public ☐ Community

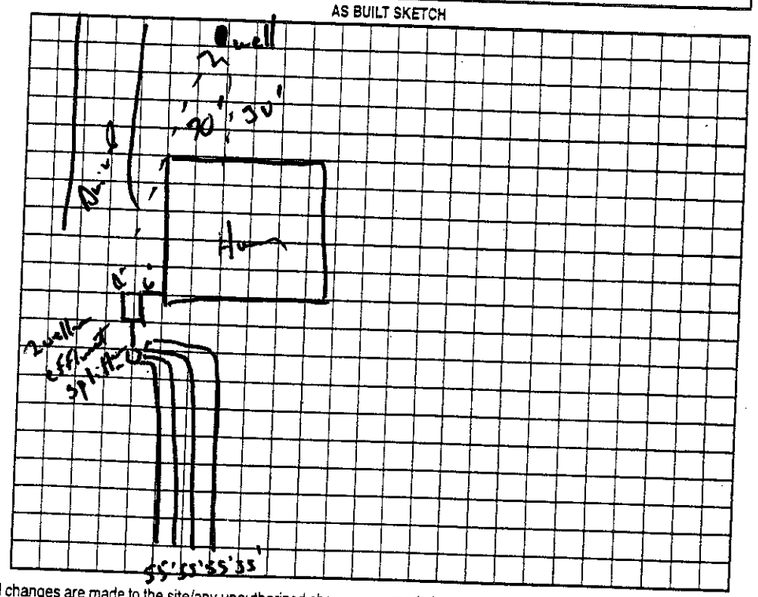
Comments:/Conditions: Install Tru Panel as 4 equal length lines. / USE effluent-splitter. / Follow Contour / Honor Setback requirements.

Comments:/Conditions:

INITIAL SITE SKETCH

Please see Attached Layout.

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 ____

Improvement Permit by: [signature], R.S. date 8 May 08

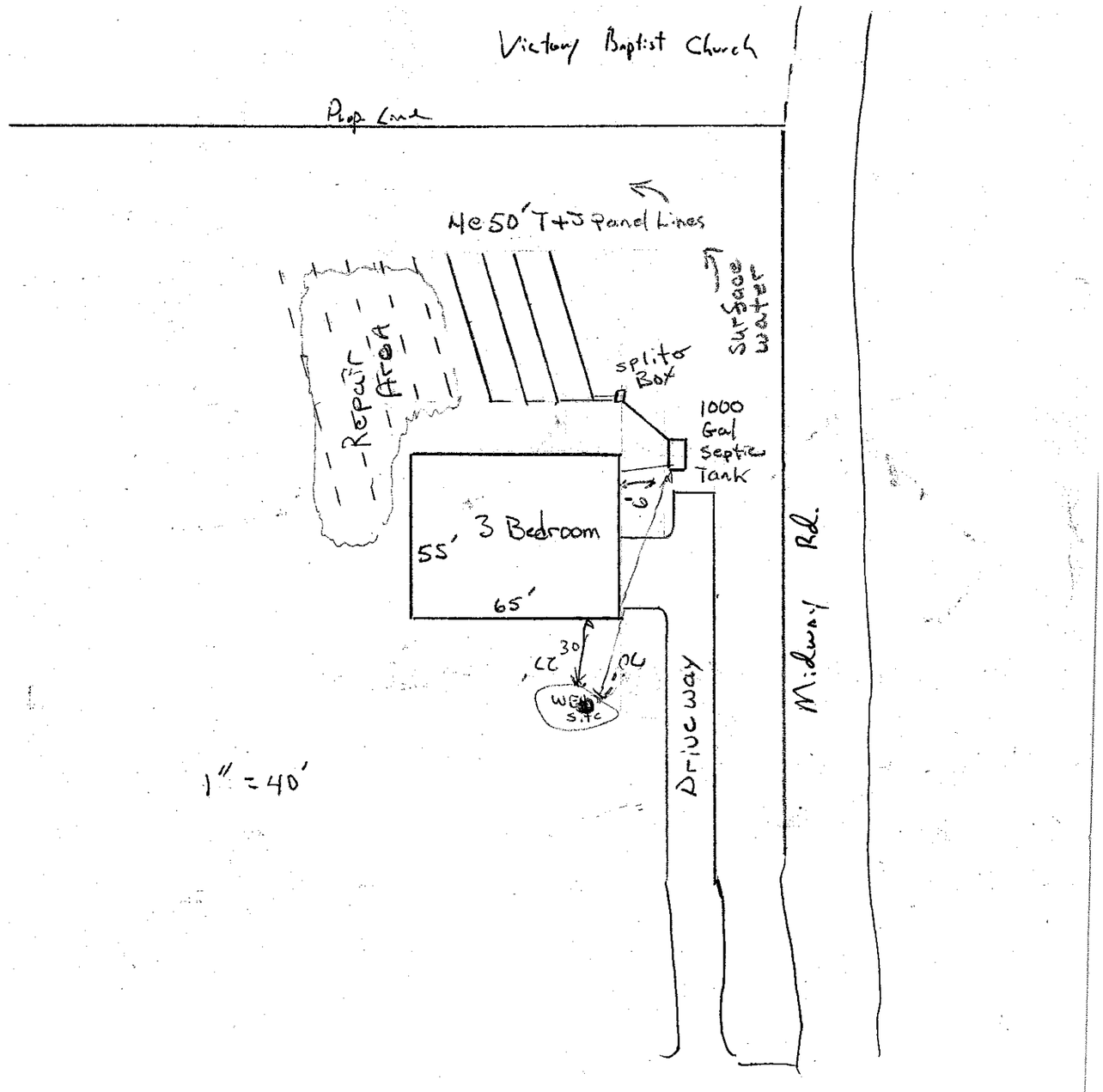
Authorization to Construct by: [signature], R.S. date 8 May 08

Installed by: Td

Operation Permit by: [signature], R.S. date 24 Nov. 08

Existing System Inspection by: ____ date ____

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


Victory Baptist Church
Prop Line
Approx 50' T+J Panel Lines
Surface water
Repair Area
Splice Box
1000 Gal Septic Tank
3 Bedroom
55'
65'
30'
Rd.
Driveway
Midway
1" = 40'