IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 7̶0̶4̶ 07 4-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 123011 PIN# 4717-63-3394 DATE 8/10/04

OWNER OR CONTRACTOR Joe Johnson PHONE: Business — Home (704) 847-5077

ADDRESS 9804 Meringue Place Charlotte N.C. 28270

LOCATION Hwy 115 N (L) Midway Road, on Left, past Laura Jean Ln. off Rd ~ 700 Ft @ Powerlines

SUBDIVISION Mtn View Est. BLOCK / SECTION ____ LOT 50 LOT AREA 5.90 Ac. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30 gpd/ft²

Septic Tank: 1000 Gallons; STB 825 Date 8-17-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model Equiv to Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 4@75 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity ~~Gra~~ 25% Red
Repair System Description: Pump 25% Red
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

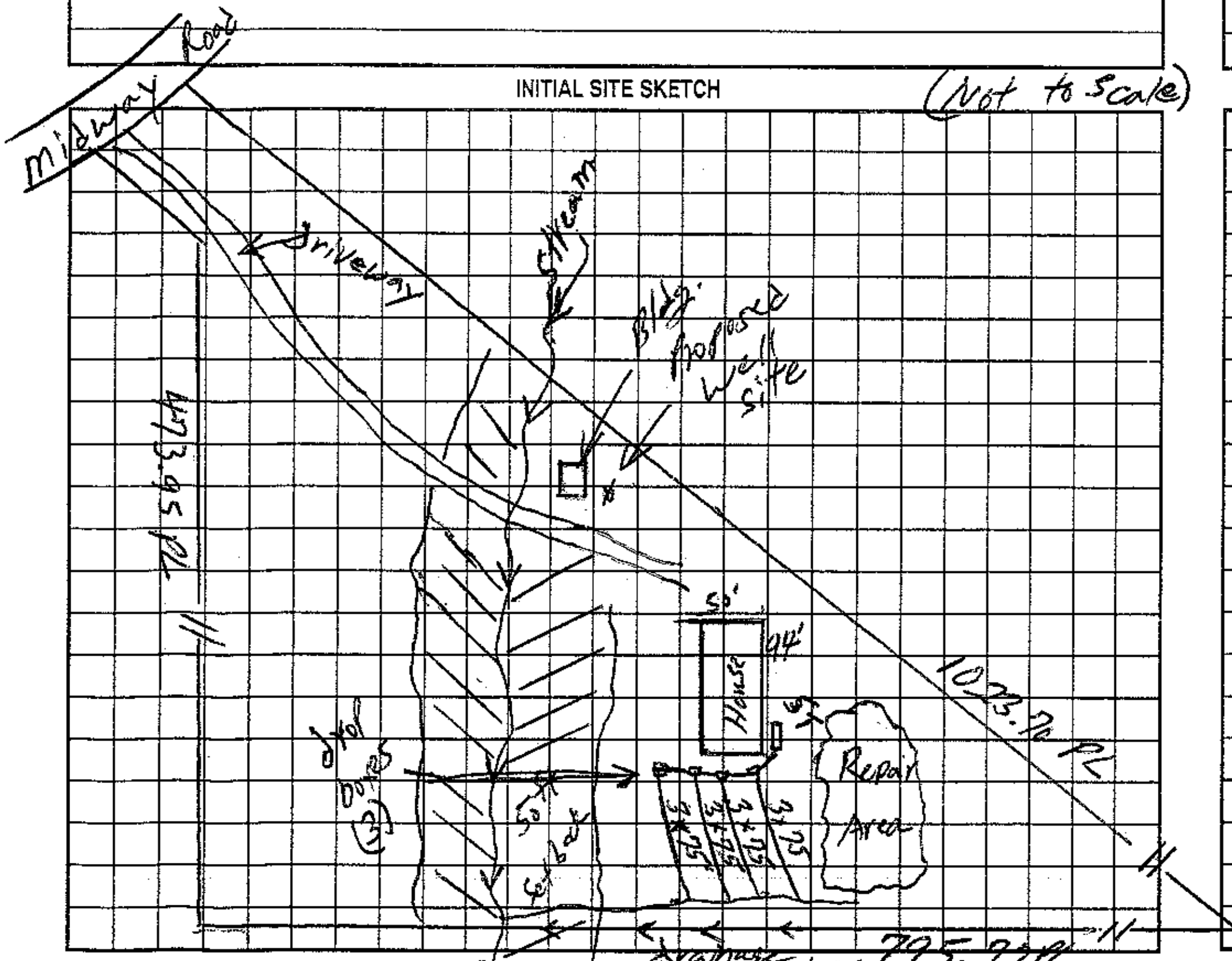
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: (1) Install lines on contour (2) maintain proper setbacks

Comments:/Conditions: Blue Suff-tite septic tank marker installed

INITIAL SITE SKETCH (Not to Scale)



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: [signature] date 8/12/04 Installed by: Rowan Septic

Improvement Permit by: William O. John [signature] date 8/10/04 Operation Permit by: Kelly Cook [signature] date 10-4-05

Authorization to Construct by: William O. John [signature] date 8/10/04 Existing System Inspection by: ____ date ____

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