50602

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 18035 DATE 3-17-94 TAX MAP NO. 8K-10-A-50 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Kevin Johnson PHONE: Business _____ Home 872-3739

ADDRESS Rt. 16 Box 146, Statesville, N.C. 28677

LOCATION I40W TL old Mtn. Rd. TL Spring Meadows (Ridge Rd.) 4th house on L

SUBDIVISION Spring Meadows BLOCK / SECTION _____ LOT 50 LOT AREA 6 acres SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. 3 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 5/2/94

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'

No Lines 3 Trench Width 36" Max Trench Bottom Depth 24"

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

System Description: Conventional, gravity fed

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth 12"

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3.5

☐ Business No. Employees _____

☐ Other _____

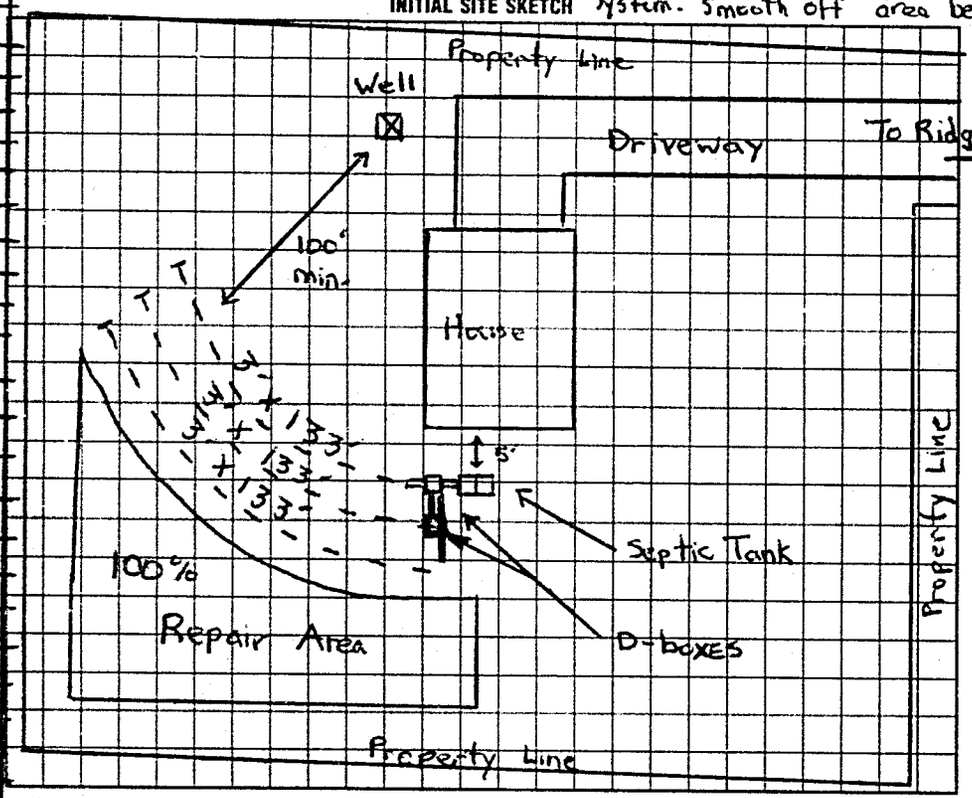
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Install system shallow (no deeper than 24" to trench bottom) Keep lines and trenches on contour. Keep system 5' from foundation of home, 100' min from well, and 10' from all property lines. Create surface diversion ditches around septic system. Smooth off area below drain line to allow proper drainage. 100% Repair Area below system. Conventional, gravity fed.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: Kevin W. Johnson

Improvement Permit by: Michael J. Dennis date 3-17-94

Existing System Inspection by: _____ date _____

Installed by: DONALD LACKEY

Certificate of Completion by: STEVE HENDRICK date 8/19/94

Operation Permit by: _____ date _____

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