IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 55779

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

PROPERTY DESCRIPTION NO. 20791 DATE 4/10/95 TAX MAP NO. 9A-7-A-61 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR LISA M. JOHNSON

ADDRESS P.O. BOX 1133 CLAREMONT NC 28610 PHONE: Business (704) 459-1523 Home (704) 459-0587

LOCATION NC 115N, TL SCOTTS CREEK, TR ETHEL LN. TR DJ DRIVE, LOT #61 ON (R) ~ HALFWAY

SUBDIVISION WOODROSE PARK BLOCK / SECTION ______ LOT 61 LOT AREA ~103X421 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 9/13/95

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines 5 Trench Width 36" Max Trench Bottom Depth 18-36 Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONVENTIONAL GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

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

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

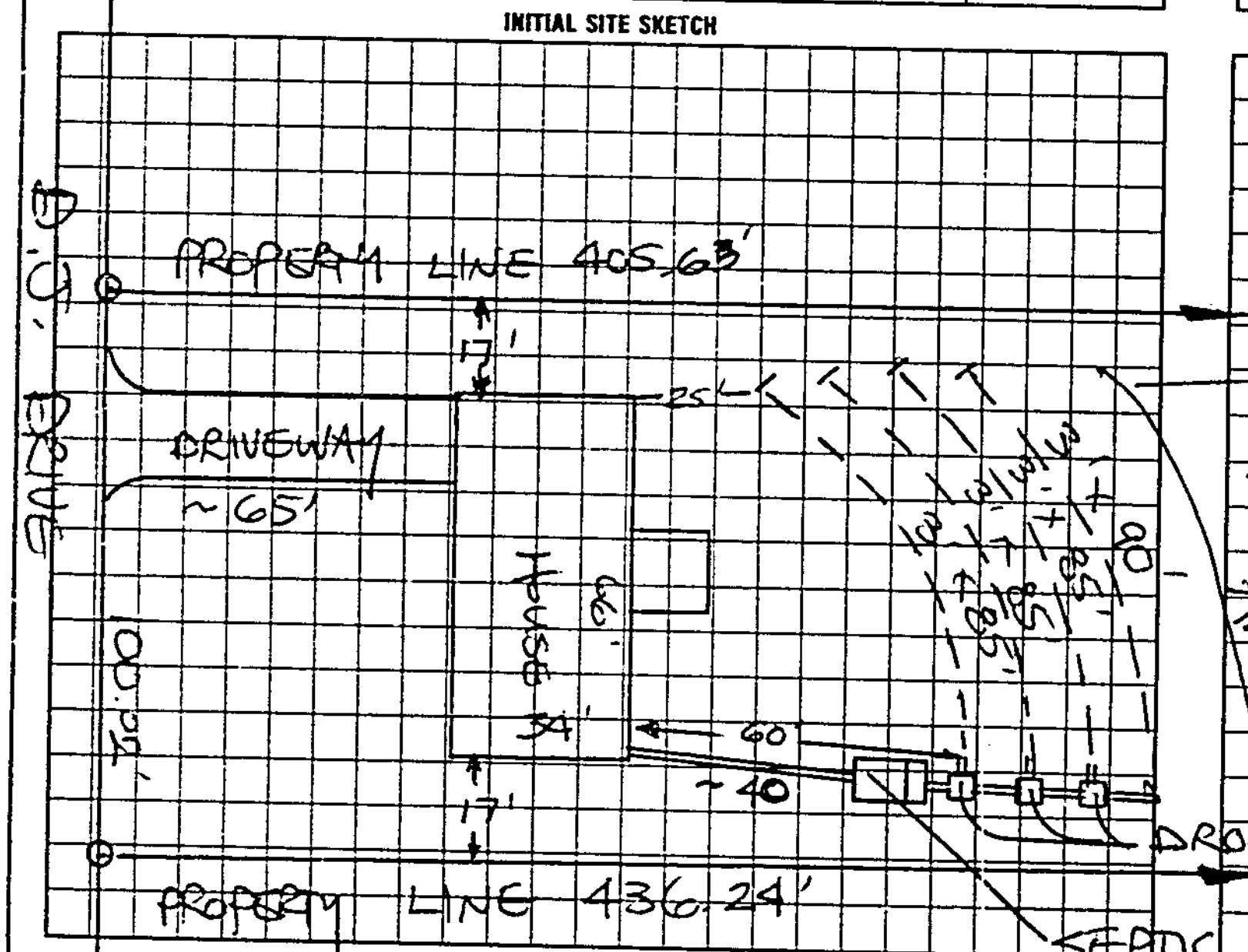
No. Bedrooms 3 No. Bathrooms 2 No. Employees ______

Water Supply: ☐ Individual ☐ Community ☐ Public

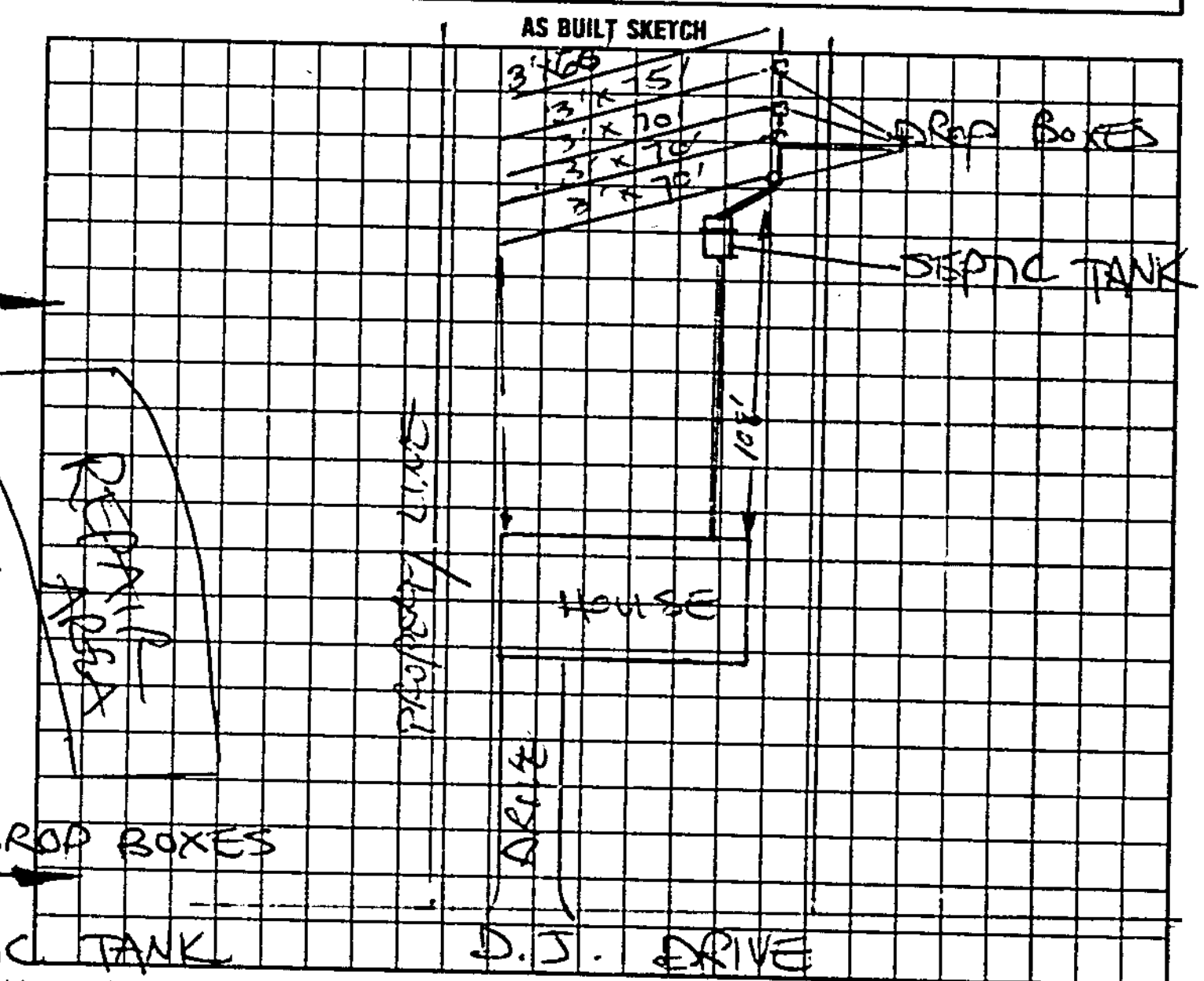
Comments: ① KEEP SYSTEM MINIMUM 15' FROM BASEMENT DRAIN 10' FROM PROPERTY LINE ② INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' APART MINIMUM ON CENTERS

Comments:

INITIAL SITE SKETCH



AS BUILT 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: [signature]

Improvement Permit by: STEVE HEDRICK date 4/10/95

Existing System Inspection by: ______ date ______

Installed by: ERIC JOHNSON / DAVID YOUNTZ

Certificate of Completion by: ______ date ______

Operation Permit by: STEVE HEDRICK date 12-18-95

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