IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 115380 PIN# 4727-30-4348 DATE 9/15/03

OWNER OR CONTRACTOR Anthony Johnson PHONE: Business — Home (704) 872-4774

ADDRESS 711 West Minster Drive Statesville NC 28677

LOCATION Hwy 115 North (L) Midway Price ~.9 mile on Right

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 56.53 Ac. SITE CLASS. R5 DESIGN FLOW 480 L.T.A.R. .025 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 9-24-03
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 1920 Linear Feet 640
No Lines 5 Trench Width — Max Trench Bottom Depth — Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity, Conventional
Repair System Description: Gravity, Conventional
Maintenance Agreement Required: ☐ Yes ☐ No

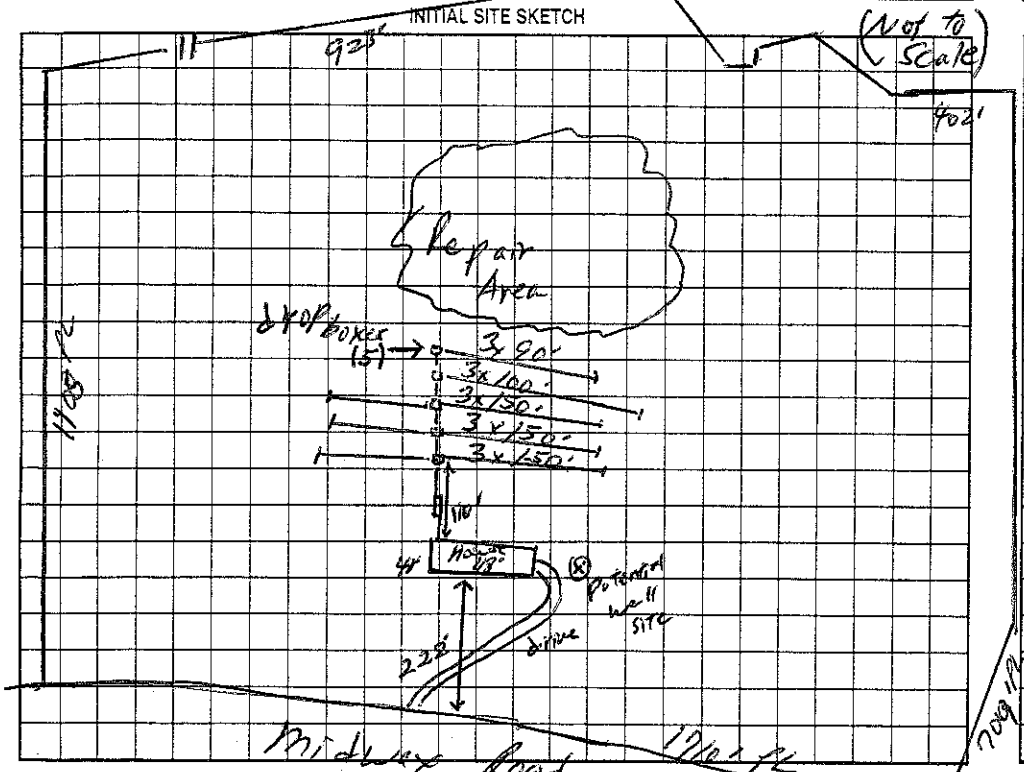
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 5
☐ Business No. Employees —
☐ Other —
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

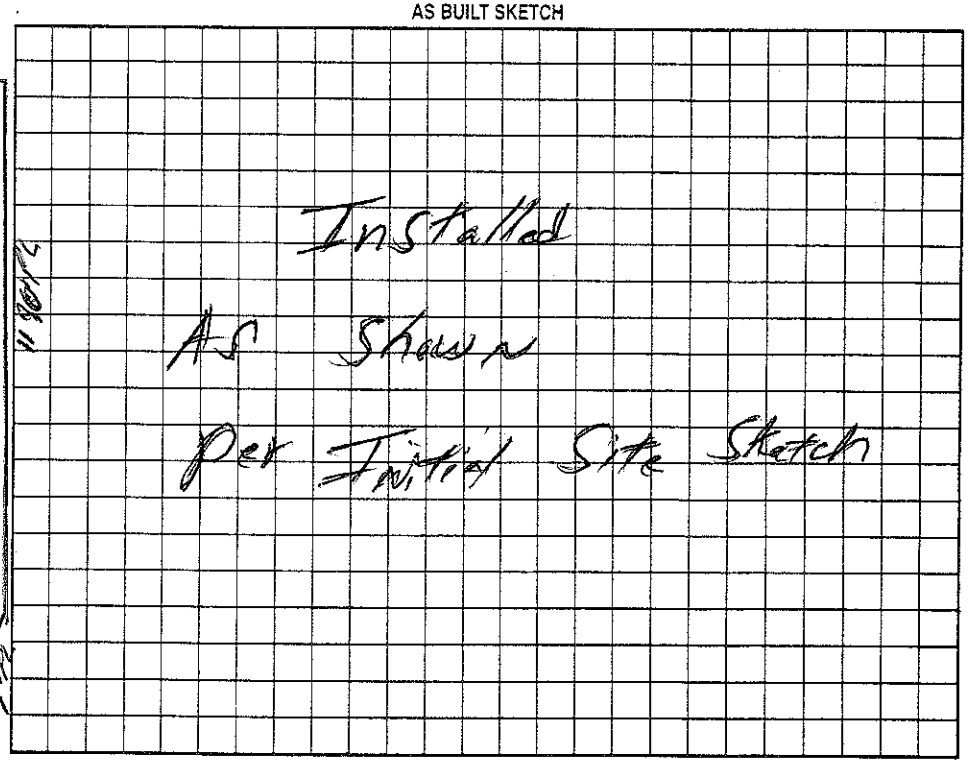
Comments:/Conditions: ① Install lines on contour ② Keep well 100 ft from septic system

Comments:/Conditions: Tuff-Tite Filter + ST 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: Anthony C. Johnson date 9/15/03 Installed by: Craig Thompson

Improvement Permit by: William O. John date 9/15/03 Operation Permit by: William O. John date 3/25/04

Authorization to Construct by: William O. John date 9/15/03 Existing System Inspection by: — date —

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