#168072 for detached garage 8-11-11.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 129048 PIN# 4728069597 DATE 2-15-06

OWNER OR CONTRACTOR John Johnson PHONE: Business _____ Home 704-881-0340

ADDRESS 180 Bradley Farm Rd

LOCATION 115 North left Pisgah 1/4 mile (R) Baringer Drive Property on Right

SUBDIVISION Barringer Estates BLOCK / SECTION _____ LOT 16 LOT AREA 4.78 SITE CLASS 75 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 10-16-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet _____ Linear Feet _____
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

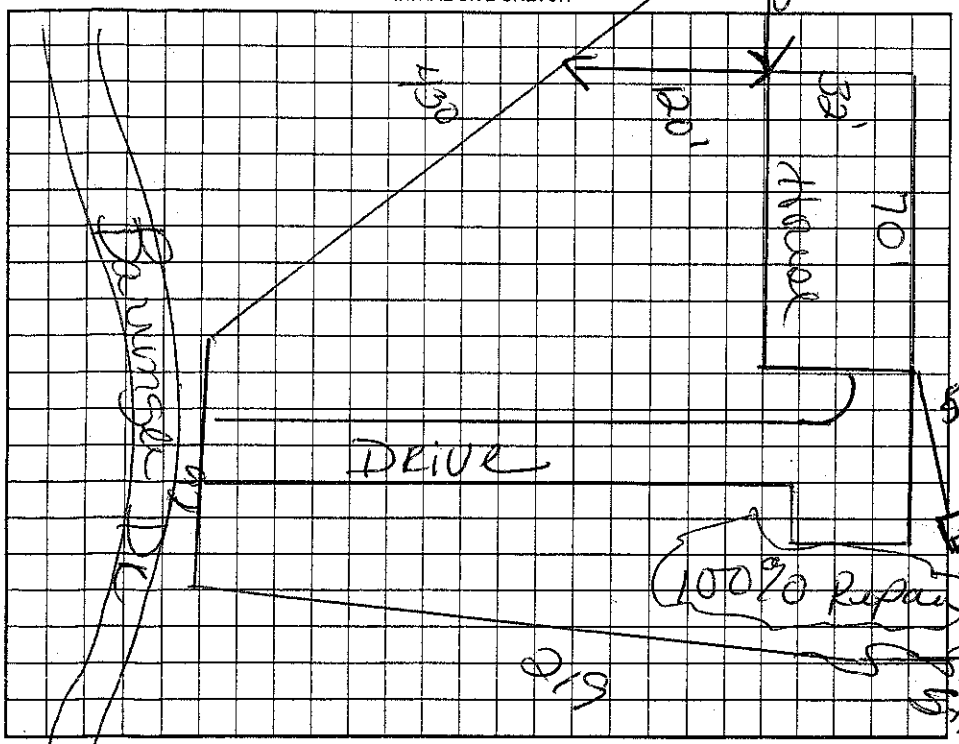
☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 25% Gravity
Repair System Description: 25% Gravity
Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ___
☐ Business No. Employees ___
☐ Other _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Public
☐ Community

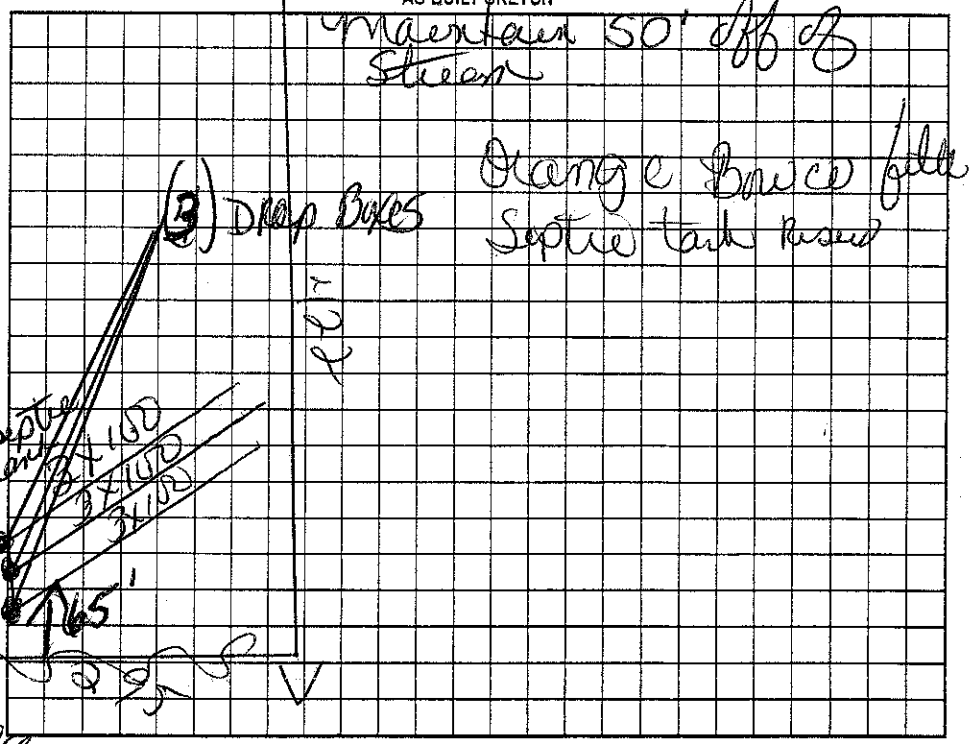
Comments:/Conditions:
(Not to scale)

INITIAL SITE SKETCH



Comments:/Conditions: Maintain all setbacks
Well 100' away from septic
Install on contour

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: John Johnson date _____ Installed by: James Hedgelin

Improvement Permit by: Kelly Cook date 2-15-06 Operation Permit by: Kelly Cook date 9-20-06

Authorization to Construct by: Kelly Cook date 2-15-06 Existing System Inspection by: _____ date _____

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