IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# _____ DATE 2/2/01

OWNER OR CONTRACTOR BOBBY JOHNSON PHONE: Business _____ Home (704) 876-0846

ADDRESS 3307 WILKSBORO HWY, STATESVILLE, NC

LOCATION HWY 115 N, CROSS SOUTH YADKIN RIVER, 2ND HSE. ON (L)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1000 Gallons: STB 794 Date 11-1-00
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 675 Linear Feet 225'
No Lines 2 Trench Width 3' Max Trench Bottom Depth 30"

☐ New System ☑ Repair System Type: I (II) III IV V VI
System Description: _____
Repair System Description: CONVENTIONAL
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms _____
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

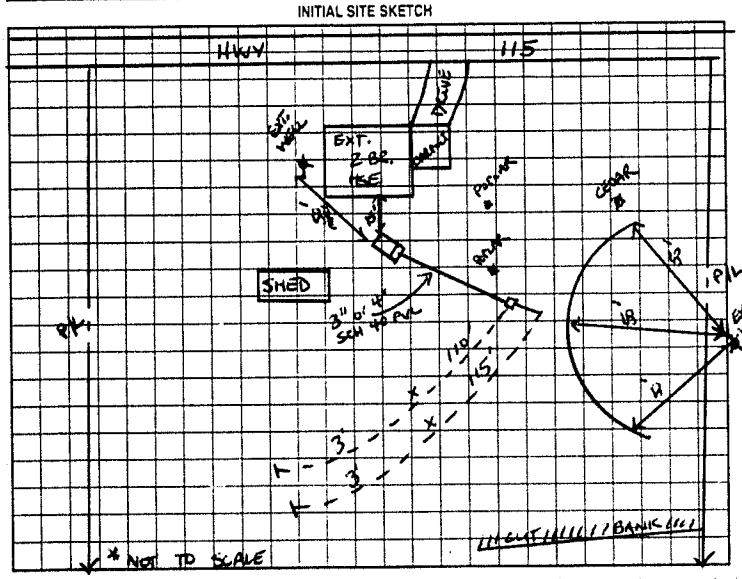
Water Supply: ☑ Individual ☐ Public ☐ Community

Gravel Depth _____

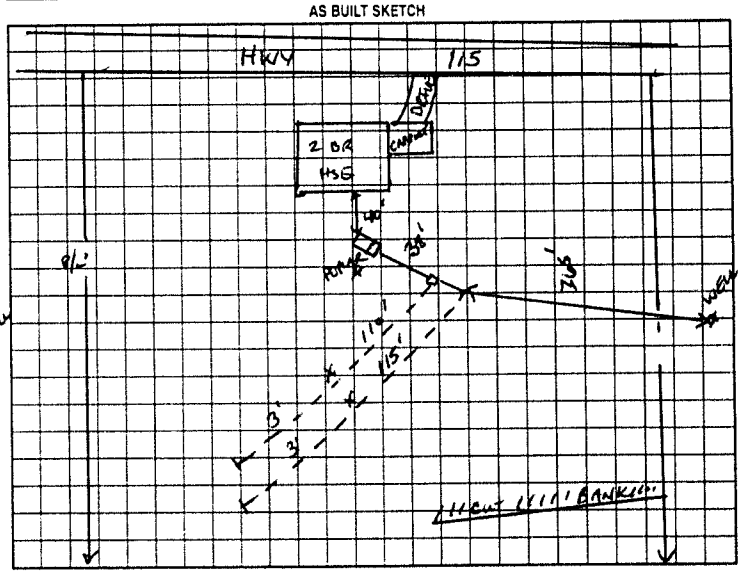
Comments/Conditions: (1) LOCATE OLD SEPTIC TANK, PUMP AND CRUSH/FILL IN PLACE (2) INSTALL DRAINLINES UNIFORM AND ON CONTOUR.

Comments/Conditions (1) NO CUTTING OR FILLING OVER DRAINFIELD AREAS (2) KEEP ALL DRAINS AWAY FROM DRAINFIELD AREAS (3) PUMP SEPTIC TANK EVERY 3-5 YRS.

INITIAL SITE SKETCH



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: Bobby Johnson date 2/5/01 Installed by: KENNY PEARSON

Improvement Permit by: [signature] date 2/2/01 Operation Permit by: [signature] date 2/20/01

Authorization to Construct by: [signature] date 2/2/01 Existing System Inspection by: _____ date _____

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