Ray's

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 134002 PIN# 4730450557 DATE 5-3-06

OWNER OR CONTRACTOR Gilmar Johnson build. PHONE: Business 704-239-6090 Home

ADDRESS Box 99 Mt Mourne NC 28123

LOCATION 215 to Perth to Steelpad to Rushing Water on end left Gulderson

SUBDIVISION Twin Creek BLOCK / SECTION 1 LOT 10 LOT AREA 1.317 SITE CLASS B DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: 1020 Gallons; STB CG 901 Date 6-25-02 ☑ New System ☐ Repair System Type: I II III IV V VI ☐ House/Mod. Home No. Bedrooms 4

Pump Tank: ____ Gallons; PT ____ Date ____ System Description: 2520 Gravity ☐ Mobile Home No. Bathrooms ____

Pump Make: ____ Model ____ Serial No. ____ Repair System Description: 1P Pump ☐ Business No. Employees ____

Nitrification Field: No Fields ____ Square Feet 1950 Linear Feet 450 Maintenance Agreement Required: ☐ Yes ☐ No ☐ Other ____

No Lines 5 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth N/A ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

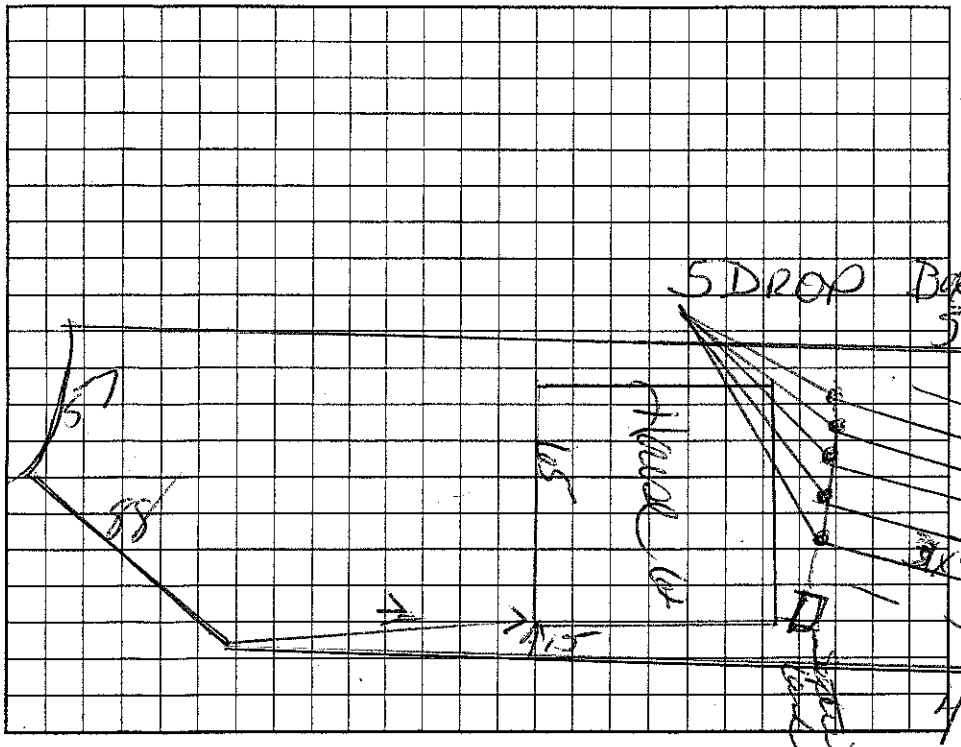
Comments:/Conditions:

Installed on Contour
Maintain all setbacks

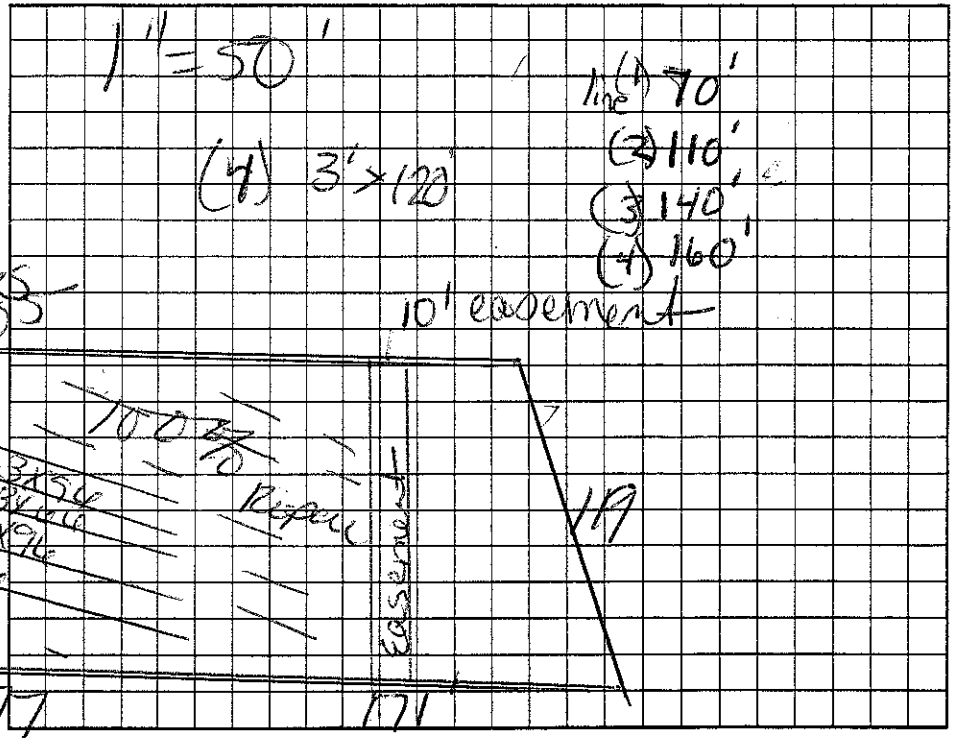
Comments:/Conditions:

Call Health Dept for layout, before installation

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: ____ date ____ Installed by: Ray's Backhoe (Dallas, NC)

Improvement Permit by: ____ date 5-3-06 Operation Permit by: ____ date 8-16-06

Authorization to Construct by: ____ date 5-3-06 Existing System Inspection by: ____ date ____

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