IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 1-30-98

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

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

PERMIT# 071628 PIN# 4735 08 6126 DATE 3-22-99

OWNER OR CONTRACTOR SCOTT & TINA JOHNSON PHONE: Business 929-2728 Home 871-8732

ADDRESS 411 BROOKDALE DRIVE, STATESVILLE NC 28677

LOCATION NC115 N, TL OLD WILKESBORO RD, TR NORTHMONT DRIVE, 3RD LOT ON LEFT BEFORE CREEKSIDE DR.

SUBDIVISION NORTHMONT BLOCK / SECTION ____ LOT 55 LOT AREA LIMITED SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 @ 900 FT²

Septic Tank: 1000 Gallons; STB 1012 Date 1-12-99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields ____ Square Feet 900 to 1209 Linear Feet 300
No Lines SIX Trench Width 36" Max Trench Bottom Depth 36" ~~Gravel~~ Depth SAND 6"

☑ New System ☐ Repair System Type: I. II (III) IV. V.
System Description: 25% REDUCTION GRAVITY
Repair System Description: PDBPS GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No Pump: ☐ Other ____

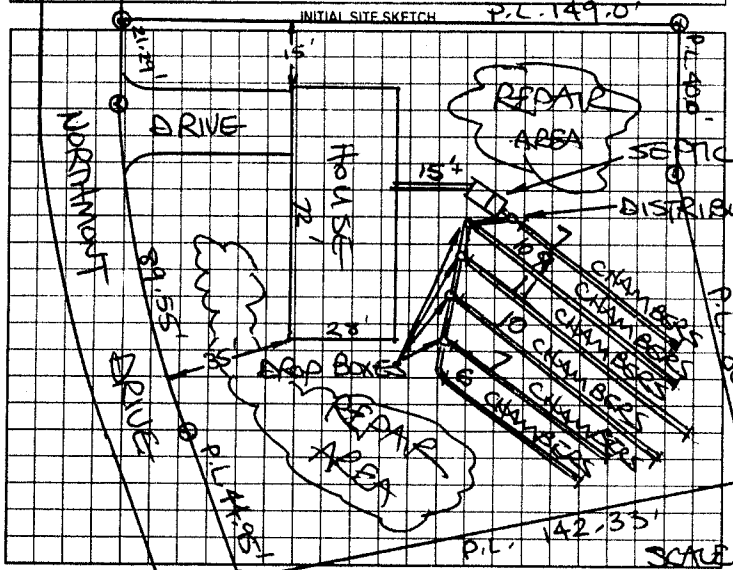
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: INSTALL FIFTY (50) CHAMBERS OR THIRTY (30) HDS SECTIONS ON CONTOUR AS SHOWN

Comments/Conditions: SEPTIC TANK WITH RISERS INSTALLED WITH "POLYLOK" FILTER

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: [signature] date 3-22-99 Installed by: Wes Lytton

Improvement Permit by: STEVE HENDRICK date 3-22-99 Operation Permit by: Mary Coats date 3-25-99

Authorization to Construct by: STEVE HENDRICK date 3-22-99 Existing System Inspection by: ____ date ____

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