IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102678 PIN# 4735-17-9230 DATE 10/30/01

OWNER OR CONTRACTOR Kimberely Johnson PHONE: Business — Home (704) 657-0782

ADDRESS 152 Crawford Stephens Rd Ore, NC. 28660

LOCATION Old Wilkesboro Hwy, (R) Creepy Chimney Lane, Lot on Right before End

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.0 Ac SITE CLASS PS DESIGN FLOW 240 L.T.A.R. .35

Septic Tank: 1,000 Gallons: STB 312 Date 10-15-01
Pump Tank: — Gallons: PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 686 Linear Feet 230
No Lines 3 @ 80' Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: Gravity / Conventional
Repair System Description: Gravity, 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

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

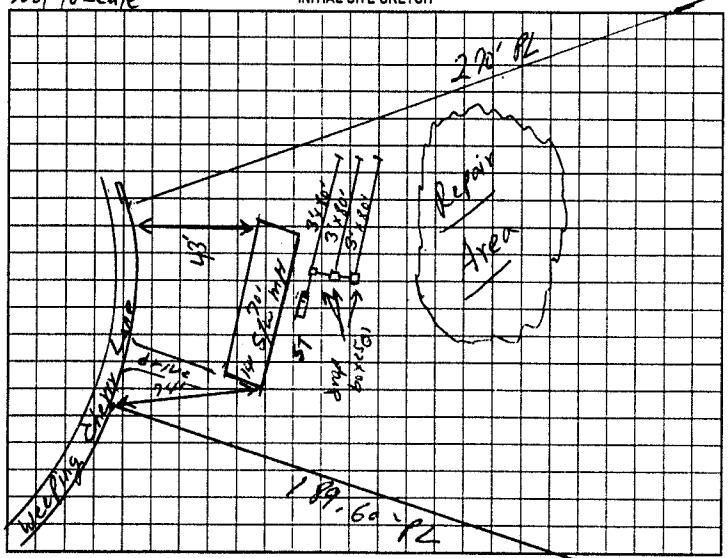
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

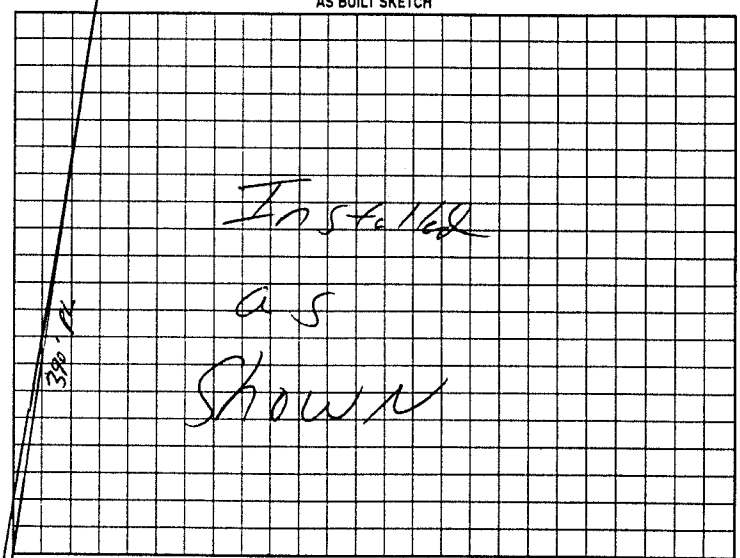
Comments:/Conditions:
- Septic Tank Marker Installed
- Zabel Filter Installed

Not to Scale

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: Kimberely Johnson date 10/30/01 Installed by: Craig Thompson

Improvement Permit by: William O. Johnson date 10/30/01 Operation Permit by: William O. Johnson date 11/26/01

Authorization to Construct by: William O. Johnson date 10/30/01 Existing System Inspection by: — date —

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