IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 114760 PIN# 4736-40-6081 DATE 8/21/03

OWNER OR CONTRACTOR Joseph Larry Johnson PHONE: Business — Home (704) 873-2427

ADDRESS 124 Robin Drive Statesville NC 28625

LOCATION Hwy 115 N (R) Chipley Ford Rd (L) Canopy Oak (R) Wheat Ridge Rd on left in cul-de-sac

SUBDIVISION Meadow Oaks BLOCK / SECTION 3 LOT 126 LOT AREA .632 Ac SITE CLASS. PS DESIGN FLOW 0S L.T.A.R. .35 sq ft²

Septic Tank: 1000 Gallons; STB 1012 Date 9-23-03

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1029 Linear Feet 260

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: Gravity 25% Reduction

Repair System Description: Pump 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

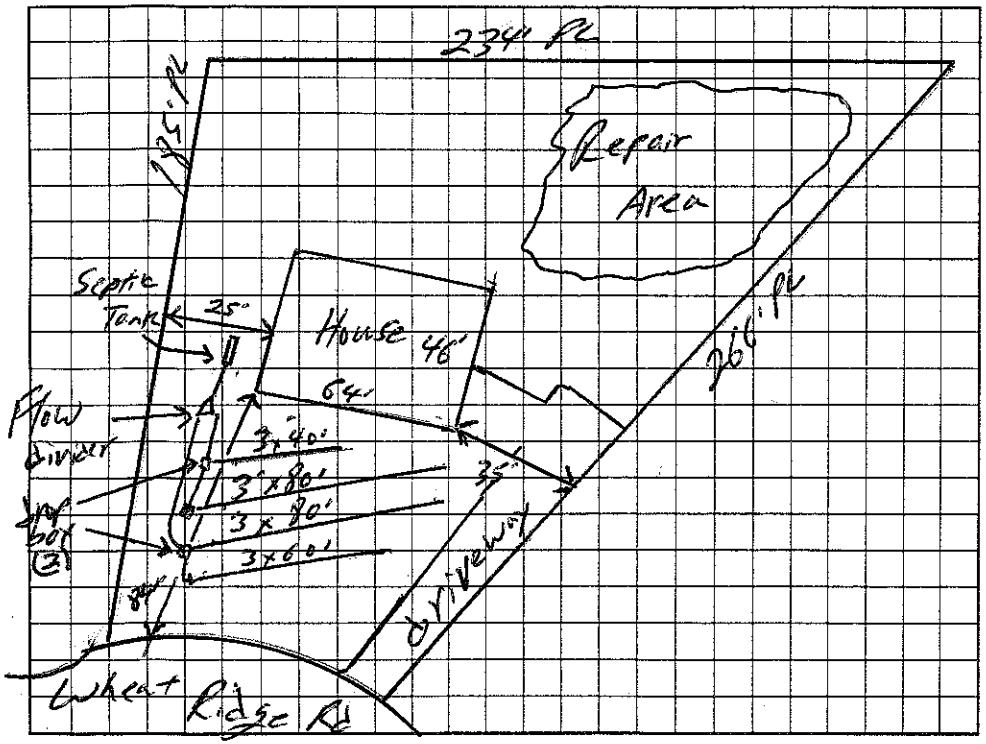
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: (1) Install (1) one Flow divider tee and (2) two drop boxes (2) Remove old field terrace + Install liner on contour.

Comments:/Conditions:

- Tuff-Tite filter + ST marker Installed
- Installed 42 Infiltrator Chambers

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed As Shown per Site Sketch

Chambers
8 Top Line
13 2nd
12 3rd
9 Bottom Line
42 total chambers

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: J. James Johnson date 8/22/03

Improvement Permit by: William O. Johnson date 8/21/03

Authorization to Construct by: William O. Johnson date 8/21/03

Installed by: David Yountz

Operation Permit by: William O. Johnson date 3/23/04

Existing System Inspection by: ____ date ____

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