IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13787 PIN# 4746830250 DATE 9-17-06

OWNER OR APPLICANT Sherry Johnson PHONE: Business _____ Home 704-876-3546

ADDRESS 85 Aberdeen Lp Statesville NC 28625

LOCATION 21N (R) Jane Sowers at corner of Jane Sowers and Jamus Fagan RD

SUBDIVISION _____ BLOCK / SECTION _____ LOT 2 LOT AREA 3.35 SITE CLASS. B DESIGN FLOW 360 L.T.A.R. .125

Septic Tank: 1000 Gallons; STB _____ Date 9-19-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1440 Linear Feet 360

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Graun

Repair System Description: ~~25% Graun~~ 25% Rep

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

Water Supply: ☐ Individual ☐ Public ☐ Community

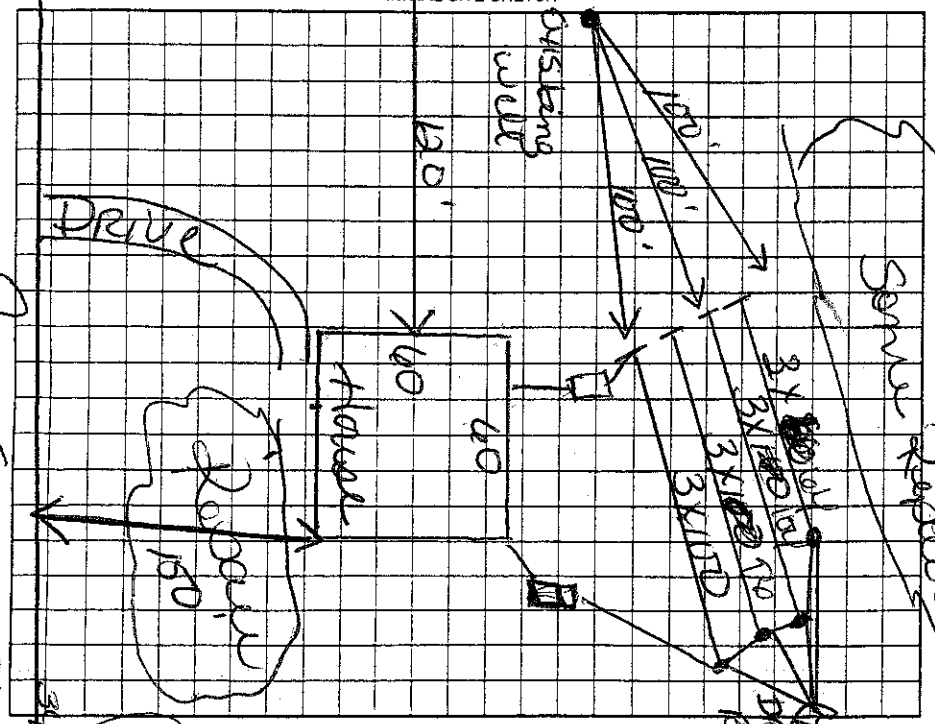
☐ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Install on contour 4+7

Comments:/Conditions: Maintain 100' away from well Call Health Dept for flagging after Basement is dug out

Yellow tag title Septic tank marker

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: Sherry L Johnson date _____ Installed by: Dale W Nagle

Improvement Permit by: Kelly Cox date 9-17-06 Operation Permit by: Kelly Cox date 11-4-07

Authorization to Construct by: Kelly Cox date 9-17-06 Existing System Inspection by: _____ date _____

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