IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 4753-99-7667 CELL 704-682-9382 DATE 06/15/06

OWNER OR APPLICANT JOHNNY GREEN PHONE: Business 704-878-4223 Home 704-881-0381

ADDRESS 275 FANJOY RD, STATESVILLE, NC

LOCATION HWY 70 EAST (L) FANJOY RD., ON LEFT AT BOX #275. (EXIST. - REPAIR)

SUBDIVISION N/A BLOCK / SECTION — LOT — LOT AREA >1ACRE SITE CLASS. PS (REPAIR) DESIGN FLOW 240 GPD L.T.A.R. ~0.25 GPD/FT²

EXIST Septic Tank: (1,000 IF) Gallons; STB ____ Date ____

Pump Tank: (NEW TANK) Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

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

~~System Description:~~

Repair System Description: GRAV., 25% REDUCTION

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

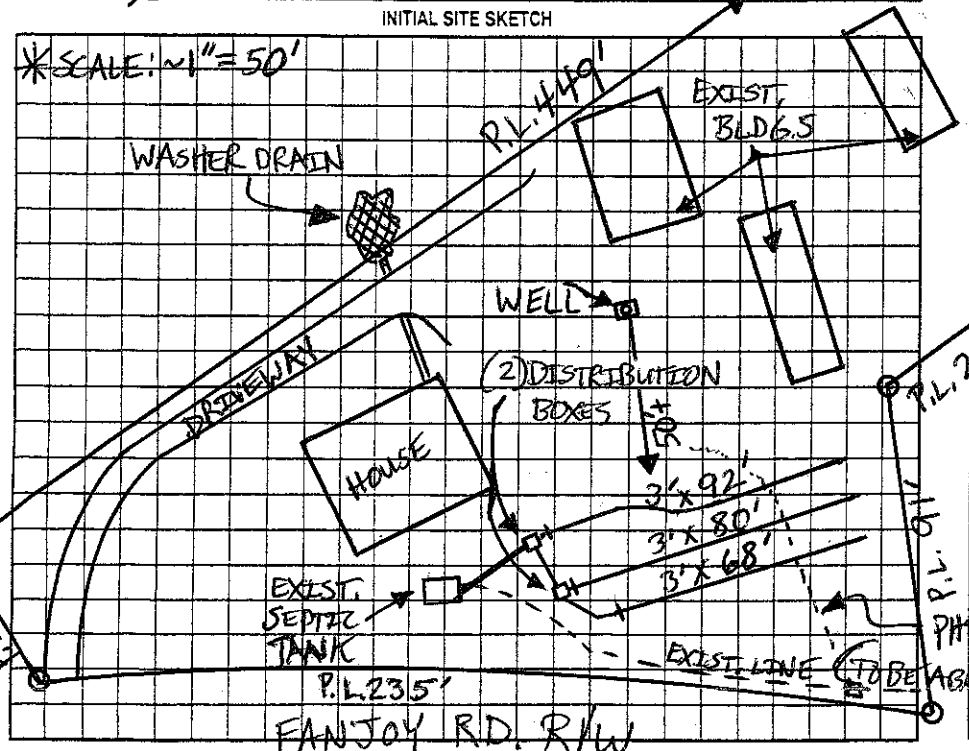
Water Supply: ☒ Individual WELL ☐ Public ☐ Community

Comments:/Conditions: (1) MUST CONNECT WASHER DRAIN AND ALL OTHER PLUMBING TO SEPTIC TANK, (2) UNCOVER EXISTING SEPTIC TANK INSTALL SANITARY "T" AND FILTER (REPLACE SEPTIC TANK IF NEEDED) (3) INSTALL NEW LINES 36" DEEP (TRENCH BOTTOM).

Comments:/Conditions: (4) CHECK FOR LEAKING PLUMBING IN HOME.

THIS PERMIT SERVES AS A "NOTICE OF VIOLATION" AND MUST BE CORRECTED WITHIN 30 DAYS.

INITIAL SITE SKETCH



AS BUILT SKETCH

*INSTALLED AS SHOWN.

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 6-26-06 Installed by: STEVE JORDAN

Improvement Permit by: [signature] date 06/15/06 Operation Permit by: [signature] date 07/26/06

Authorization to Construct by: [signature] date 06/15/06 Existing System Inspection by: ____ date ____

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