IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# _____ DATE 9-10-99

OWNER OR CONTRACTOR Margaret Johnson PHONE: Business _____ Home 876 1175

ADDRESS 1599 Turnersburg Hwy sta N.C.

LOCATION 21 N on rt before Blackwelder Pt 1600 Turnersburg Hwy

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA acreage SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 0.37

Septic Tank: 1000 Gallons; STB 1017 Date 10-29-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 767
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☑ Repair System Type: I, II, III, IV, V, VI
System Description: _____
Repair System Description: conv. Gravity
Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 1
☐ Business No. Employees _____
☐ Other _____

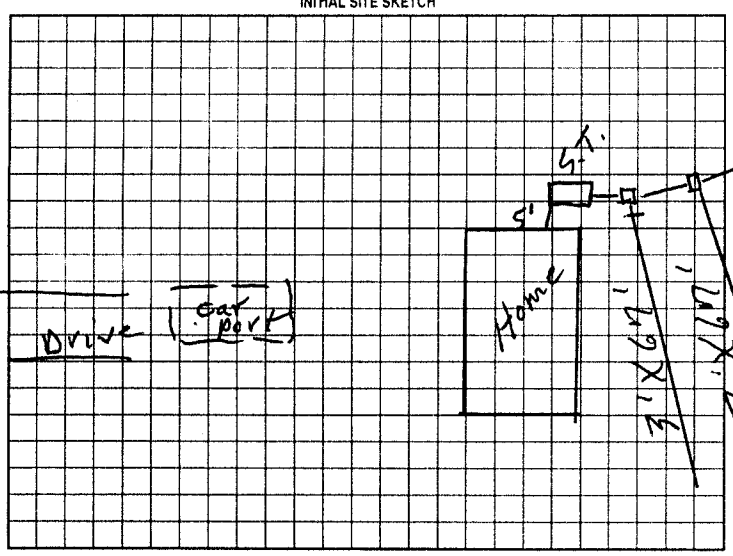
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☑ Public
☐ Community

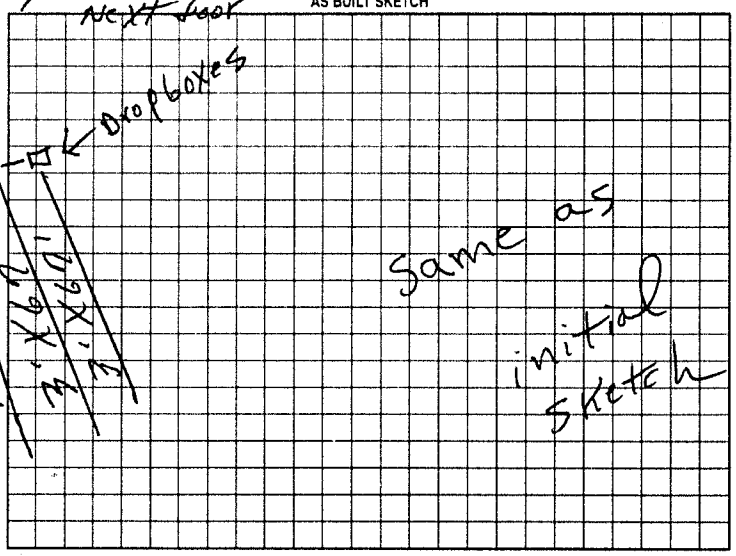
Comments/Conditions: Repair by [redacted] getting off of ~~of~~ Ex. System which is also used by House Next door

Comments/Conditions

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: X. Margaret A. Johnson date _____ Installed by: A-1 Backhoe

Improvement Permit by: F. C. Moore date 9-10-99 Operation Permit by: F. C. Moore date 1-3-00

Authorization to Construct by: F. C. Moore date 9-10-99 Existing System Inspection by: _____ date _____

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